

PHAPlans

5YearPlanforFiscalYears2000 -2004
AnnualPlanforFiscalYear2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBEC OMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: CityofGoldsboroHousing

PHANumber: NC015

PHAFiscalYearBeginning:(mm/yyyy) 07/01/2002

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at:(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☒ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☒ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at:(select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHAF ISCAL YEARS 2000 -2004
[24CFRPart903.5]

A.Mission

State the PHA's mission for serving the needs of low -income, very low income, and extremely low -income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: "THE GOLDSBORO HOUSING AUTHORITY WILL ENDEAVOR TO PARTNER WITH THE COMMUNITY TO PROVIDE DECENT, SAFE, AFFORDABLE HOUSING OPPORTUNITIES TO ITS CUSTOMERS BY PROVIDING EXCELLENT CUSTOMER SERVICE, A WELL MAINTAINED HOUSING STOCK, AND SELF-SUFFICIENCY OPPORTUNITIES FOR WILLING FAMILIES AND RESIDENTS."

B.Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include target sets such as: numbers of families served or PHA Scores achieved.) PHA should identify these measures in the space to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
 - ☒ Reduce public housing vacancies:
 - ☒ Leverage private or other public funds to create additional housing opportunities:
 - ☒ Acquire or build units or developments
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHA Score) Extensive training for all GHA employees relative to key components of the PHA System

to increase scoring 2% each year for the next 5 years or until High Performer Designation is attained.

- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction: To establish a quality control program for maintenance work order to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained.
- ☒ Concentrate one effort to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) To establish a quality control program for maintenance work order to ensure the quality of work performed by maintenance staff is satisfactory. The Supervisory staff will inspect 1% random sample of work orders. Maintenance staff having deficiencies will be identified, counseled, and trained. A new computer system has been installed but must be refined to allow easy access for the Data Specialist to sort out clusters of problems and identify capital needs projects.
- ☒ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

- ☒ PHA Goal: Increase assisted housing choices
Objectives:
 - ☒ Provide voucher mobility counseling:
 - ☒ Conduct outreach effort to potential voucher landlords
 - ☐ Increase voucher payment standards
 - ☐ Implement voucher homeownership program:
 - ☒ Implement public housing or other homeownership programs: To purchase at least one dwelling unit each year for the homeownership program.
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements: We have budgeted for security screens and deadbolt locks in NC15 -7 over the next 5 years.
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self -sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self -sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability: To work with local agencies through cooperative agreements to provide self -sufficiency programs for residents.
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: To participate in workshops and training sessions developed to bring awareness of fair housing and equal opportunity.
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

AnnualPHAPlan
PHAFiscalYear2000
[24CFRPart903.7]

i. AnnualPlanType:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☒ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24CFRPart903.79(r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24CFRPart903.79(r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Required Attachments:

- | | | |
|-------------------------------------|---|------------|
| <input checked="" type="checkbox"/> | Admissions Policy for Deconcentration | (nc015a01) |
| <input checked="" type="checkbox"/> | FY2002 Capital Fund Program Annual Statement | (nc015b01) |
| <input type="checkbox"/> | Most recent board - approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) | |
| | FY1999 Final P&ER Revised Closeouts | (nc015o01) |
| | FY2000 P&ER Revision 2 for NC19P015501 | (nc015p01) |
| | FY2000 P&ER Revision 2 for NC190015502 | (nc015q01) |
| | FY2001 P&ER Revision 1 for NC190015501 | (nc015r01) |
| | FY2001 P&ER Report Revision 1 Dec. 2001 | (nc015s01) |
| | Statement of Progress in Meeting 5 - Year Plan Mission and Goals | (nc015c01) |
| | Deconcentration and Income Mixing | (nc015d01) |
| | Voluntary Conversion Required Initial Assessment | (nc015e01) |
| | Description of Implementation of Community Service Requirement | (nc015f01) |
| | Description of Pet Policy | (nc015g01) |
| | Membership of the Resident Advisory Board | (nc015h01) |
| | Resident Advisory Board Recommendations | (nc015i01) |
| | Resident Membership of the PHA Governing Board | (nc015j01) |
| | Definition of Substantial Deviation and Significant Amendment | (nc015k01) |

Optional Attachments:

- | | | |
|-------------------------------------|--|------------|
| <input type="checkbox"/> | PHA Management Organizational Chart | |
| <input checked="" type="checkbox"/> | FY2000 Capital Fund Program 5 Year Action Plan | (nc015l01) |
| <input type="checkbox"/> | Public Housing Drug Elimination Program (PHDEP) Plan | |
| <input checked="" type="checkbox"/> | Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) included in PHA Plan | (nc015i01) |
| <input checked="" type="checkbox"/> | Other (List below, providing each attachment name) | |
| | Agency Plan Third Year Policy Changes | (nc015m01) |
| | Statement of Consistency with Consolidated Plan | (nc015n01) |
| | Completion of Units at Elmwood | (nc015t01) |

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
*	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
*	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
*	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
*	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
*	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
*	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
*	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	A&O Policy	
*	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
*	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
*	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
*	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
*	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
*	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
*	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
*	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
*	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
*	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
*	Follow Up Plan	Annual Plan
*	GHA Voluntary Conversion Required Initial Assessments	Annual Plan

1. Statement of Housing Needs

[24 CFR Part 903.79(a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income ≤ 30% of AMI	3337	3	NA	NA	NA	NA	NA
Income > 30% but ≤ 50% of AMI	1737	3	NA	NA	NA	NA	NA
Income > 50% but < 80% of AMI	374	2	NA	NA	NA	NA	NA
Elderly	848	3	NA	NA	NA	NA	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA -wide waiting list administered by the PHA.** PHA may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	55		16%
Extremely low income <= 30% AMI	47	85%	
Very low income (> 30% but <= 50% AMI)	7	13%	
Low income			

Housing NeedsofFam iliesontheWaitingList			
(>50%but<80% AMI)	1	2%	
Familieswith children	53	96%	
Elderlyfamilies	2	4%	
Familieswith Disabilities			
Race/ethnicity Black	51	93%	
Race/ethnicity White	4	7%	
Race/ethnicity Hispanic	0	0%	
Race/ethnicity Non-Hispanic	55	100%	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	38	70%	11.2
2BR	15	26%	4.2
3BR	1	2%	0.3
4BR	0		0.0
5BR	1	2%	0.3
5+BR	0		0
Isthewaitinglistclosed(selectone)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ifyes: Howlonghasitbeenclosed(#ofmonths)? DoesthePHAexpecttoreopenthelistinthePHAPlanyear? <input type="checkbox"/> No <input type="checkbox"/> Yes DoesthePHApermitspecificcategoriesoffamiliesontothewaitinglist,evenif generallyclosed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing NeedsofFamiliesontheWaitingList
--

HousingNeedsofFamiliesontheWaitingList			
Waitinglisttype:(selectone)			
<input checked="" type="checkbox"/> Section8tenant -basedassistance			
<input type="checkbox"/> PublicHousing			
<input type="checkbox"/> CombinedSection8andPublicHousing			
<input type="checkbox"/> PublicHousingSite -Basedorsub -jurisdictionalwaitinglist(optional)			
Ifused,identifywhichdevelopment/subjurisdiction:			
	#offamilies	%oftotalfamilies	AnnualTurnover
Waitinglisttotal	24		27%
Extremelylow income<=30%AMI	13	54%	
Verylowincome (>30%but<=50%AMI)	11	46%	
Lowincome (>50%but<80%AMI)	0		
Familieswith children	24	100%	
Elderlyfamilies	0	0	
Familieswith Disabilities	0	0	
Race/ethnicity/ Black	24	100%	
Race/ethnicity/ White	0	0%	
Race/ethnicity Hispanic	0	0%	
Race/ethnicity Non-Hispanic	24	100%	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	0	0	0.0
2BR	2	8%	2.2
3BR	8	34%	9.2
4BR	14	58%	15.6
5BR	0	0	0.0
5+BR	0	0	0.0

C.StrategyforAddressingNeeds

ProvideabriefdescriptionofthePHA'sstrategyforaddressingthehousingneedsoffamiliesinthe jurisdictionandonthewaitinglist **INTHE UPCOMINGYEAR**,andtheAgency'sreasonsfor choosingthisstrategy.

Thegreatestneed,basedonthewaitinglist,atthistimeisformoreaffordablehousing.TheGHA's plansaretoensurethatthehousingstockwecurrentlyhavearewellmaintainedthroughextensive trainingandmanagementimprovements;toexpandhomeownershipthroughapartnershipwiththeCity ofGoldsboro,andtopurchaseatleast1dwellingtoniteachyearutilizingtherent-to-purchaseprogram

(1)Strategies

Need:Shortageofaffordablehousingforalleligiblepopulations

Strategy1.MaximizethenumberofaffordableunitsavailabletothePHAwithin itscurrentresourcesby:

Selectallthatapply

- ☒ Employeffectivemaintenanceandmanagementpoliciestominimizethe numberofpublichousingunitsoff-line
- ☒ Reduceturnovertimeforvacatedpublichousingunits
- ☐ Reducetimetorenovatepublichousingunits
- ☐ Seekreplacementofpublichousingunitslosttotheinventorythroughmixed financedevelopment
- ☐ Seekreplacementofpublichousingunitslosttotheinventorythroughsection 8replacementhousingresources
- ☒ Maintainorincreasesection8lease-upratesbyestablishingpaymentstandards thatwillenablefamiilestorentthroughoutthejurisdiction
- ☐ Undertakemeasurestoensureaccesstoaffordablehousingamongfamilies assistedbythePHA,regardlessounitsizerequired
- ☒ Maintainorincreasesection8lease-upratesbymarketingtheprogramto owners,particularlythoseoutsideofareasofminorityandpoverty concentration
- ☒ Maintainorincreasesection8lease-upratesbyeffectivelyscreeningSection8 applicantstoincreaseowneracceptanceofprogram
- ☒ ParticipateintheConsolidatedPlandevelopmentprocesstoensure coordinationwithbroadercommunitystrategies
- ☐ Other(listbelow)

Strategy2:Increasethenumberofaffordablehousingunitsby:

Selectallthatapply

- ☐ Applyforadditionalsection8unitsshouldtheybecomeavailable
- ☐ Leverageaffordablehousingresourcesinthecommunitythroughthecreation ofmixed-financehousing
- ☒ PursuehousingresourcesotherthanpublichousingorSection8tenant-based assistance.

☐ Other:(listbelow)

Need:SpecificFamilyTypes:Familiesatorbelow30%ofmedian

Strategy1:Targetavailableassistancetofamiliesa torbelow30%ofAMI

Selectallthatapply

- ☒ ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%of AMIinpublichousing
- ☒ ExceedHUDfederaltargetingrequirementsforfamiliesatorbelow30%of AMIntenant -basedsection8assistance
- ☒ Employadmissionspreferencesaimedatfamilieswitheconomichardships
- ☒ Adoptrentpoliciestosupportandencouragework
- ☐ Other:(listbelow)

Need:SpecificFami lyTypes:Familiesatorbelow50%ofmedian

Strategy1:Targetavailableassistanceto familiesatorbelow50%ofAMI

Selectallthatapply

- ☒ Employadmissionspreferencesaimedatfamilieswhoareworking
- ☒ Adoptrentpoliciestosupportandencouragework
- ☐ Other:(listbelow)

Need:SpecificFamilyTypes:TheElderly

Strategy1: Targetavailableassistancetotheelderly:

Selectallthatapply

- ☐ Seekdesignationofpublichousing fortheelderly
- ☐ Applyforspecial -purposevoucherstargetedtotheelderly,shouldtheybecome available
- ☒ Other:(listbelow)TheGHA has100unitsdesignatedfortheelderlyand continuestomonitordataforincreasednumberofelderly.

Need:SpecificFamilyTypes:FamilieswithDisabilities

Strategy1: TargetavailableassistancetoFamilieswithDisabilities:

Selectallthatapply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special -purpose voucher targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non -profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty/minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☐ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs

- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant -based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant -based assistance, Section 8 support services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		
a) Public Housing Operating Fund	2,744,670.00	
b) Public Housing Capital Fund	2,274,644.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	1,008,866.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	299,989.00	
g) Resident Opportunity and Self - Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	2,080,608.00	Public Housing Operations

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Other income (list below)	144,950.00	Public Housing Operations
4. Non -federal sources (list below)		
Total resources	8,553,727.00	Public Housing Operations

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24CFR Part 903.79(c)]

A. Public Housing

Exemptions: PHA that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe) When application is submitted and re -verify at time of offer of a unit.

b. Which non -income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug -related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

- c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source) -

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)? If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously? If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply

☐ Other(listbelow)

(3)Assignment

a.Howmanyvacantunitchoicesareapplicantssordinarilygivenbeforetheyfalltothe bottomoforareremovedfromthewaitinglist?(selectone)

- ☐ One
☐ Two
☒ ThreeorMore

b. ☒ Yes ☐ No: Isthis policy consistent across all waiting list types?

c.Ifanswertobisno,listvariationsforanyotherthantheprimarypublichousing waitinglist/sforthePHA:

(4)AdmissionsPreferences

a.Incometargeting:

☒ Yes ☐ No: DoesthePHAplantoexceedthefederaltargetingrequirementsby targetingmorethan40%ofallnewadmissionstopublichousing tofamiliesatorbelow30%ofmedianareaincome?

b.Trans ferpolicies:

Inwhatcircumstanceswilltransferstakeprecedenceovernewadmissions?(list below)

- ☒ Emergencies
☐ Overhoused
☒ Underhoused
☒ Medicaljustification
☒ AdministrativereasonsdeterminedbythePHA(e.g.,topermitmodernization work)
☐ Residentchoice:(statecircumstancesbelow)
☐ Other:(listbelow)

c. Preferences

1. ☒ Yes ☐ No: HasthePHA establishedpreferencesforadmissiontopublic housing(otherthandateandtimeofapplication)?(If“no”is selected,skiptosubsection **(5)Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☒ Substandard housing
- ☒ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs

- ☐ Householdsthatcontributetomeetingincomegoals(broadrangeofincomes)
- ☐ Householdsthatcontributetomeetingincomerequirements(targeting)
- ☐ Thosepreviouslyenrolledineducational,training,orupwardmobility programs
- ☒ Victimsofreprisalsorhatecrimes
- ☒ Otherpreference(s)(listbelow)
WorkingfamiliesasallowedbytheQWHRAof1998.

4.Relationshipofpreferencestoincometargetingrequirements:

- ☒ ThePHAappliespreferences withinincometiers
- ☐ Notapplicable:thepoolofapplicantfamiliesensuresthatthePHAwillmeet incometargetingrequirements

(5)Occupancy

a.Whatreferencematerialscanapplicant sandresidentsusetooobtaininformation abouttherulesofoccupancyofpublichousing(selectallthatapply)

- ☒ ThePHA -residentlease
- ☒ ThePHA'sAdmissionsand(Continued)Occupancypolicy
- ☒ PHAbriefingseminarsorwrittenmaterials
- ☒ Othersource(list)
TheGHAhaspublishedaResidentHandbookthat isgivenoutatleaseup.

b.HowoftenmustresidentsnotifythePHAofchangesinfamilycomposition? (selectallthatapply)

- ☒ Atanannualreexaminationandleaserenewal
- ☒ Anytimefamilycompositionchanges
- ☐ Atfamilyrequestforrevision
- ☐ Other(list)

(6)DeconcentrationandIncomeMixing

- a. ☒ Yes ☐ No:DidthePHA'sanalysisof itsfamily(generaloccupancy) developmentstodetermineconcentrationsofpovertyindicatethe needformeasurestopromotedeconcentrationofpovertyor incomemixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site -based waiting lists
If selected, list targeted developments below:
- ☒ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
All Developments
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and development targeted below)

d. ☒ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☒ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☒ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher -income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☒ List (any applicable) developments below:
NC15-1, NC15-2, NC15-3, NC15-4, NC15-5, NC15-6, NC15-7, NC15-8

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower -income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☒ List (any applicable) developments below:
Little Washington (NC -8) and Woodcrest (NC05)

B. Section 8

Exemptions: PHA that do not administer section 8 are not required to complete sub -component 3B.
Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug -related activity only to the extent required by law or regulation
- ☐ Criminal and drug -related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug -related activity (list factors below)
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug -related activity
- ☒ Other (describe below)
- Previous Housing Record

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project -based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant assistance? (select all that apply) -based

- ☐ PHA main administrative office
☒ Other (list below)
Section 8 Office
1608 E. Holly Street
Goldsboro, NC 27530

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below:

An extension can be granted to new family members coming off the waiting list due to illness, death in the family, or the unit needing repairs.

(4) Admissions Preferences

a. Income targeting

- ☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☒ Victims of domestic violence
☒ Substandard housing
☒ Homelessness
☒ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability

- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Household that contribute to meeting income goals (broad range of incomes)
- ☐ Household that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)

Working families as allowed by the QWHRA of 1998.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 1 High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Household that contribute to meeting income goals (broad range of incomes)
- ☐ Household that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5.If the PHA plan to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

NA

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special -purpose section 8 program administered by the PHA contained? (select all that apply)

- ☐ The Section 8 Administrative Plan
☐ Briefing sessions and written materials
☐ Other (list below)

NA

b. How does the PHA announce the availability of any special -purpose section 8 programs to the public?

- ☐ Through published notices
☐ Other (list below)

NA

4. PHA Rent Determination Policies

[24 CFR Part 903.79(d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub 4A. -component

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☐ \$26-\$50

2. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below :

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixedpercentage (otherthangeneralrent -settingpolicy)
Ifyes,statepercentage/sandcircumstancesbelow:
- ☐ Forhouseholdheads
- ☐ Forotherfamilymembers
- ☐ Fortransportationexpenses
- ☐ Forthenon -reimbursedmedicalexpensesofnon -disabledornon -elderly families
- ☐ Other(describellow)

e.Ceilingrents

1. Doyouhaveceilingrents?(rentssetatalevellowerthan30%ofadjustedincome)
(selectone)

- ☐ Yesfor alldevelopments
- ☐ Yesbutonlyforsomeddevelopments
- ☐ No

2. Forwhichkindsofdevelopmentsareceilingrentsinplace?(selectallthatapply)

- ☐ Forallddevelopments
- ☐ Forallgeneraloccupancydevelopments(notelderlyordisabledorelderly only)
- ☐ Forspecifiedgeneraloccupancydevelopments
- ☐ Forcertainpartsofdevelopments;e.g.,thehigh -riseportion
- ☐ Forcertainsizeunits;e.g.,l argerbedroomsizes
- ☐ Other(listbelow)

3. Selectthespaceorspacesthatbestdescribehowsyouarriveatceilingrents(select allthatapply)

- ☐ Marketcomparabilitystudy
- ☐ Fairmarketrents(FMR)
- ☐ 95thpercentilerents
- ☐ 75percentofoperatingcosts
- ☐ 100percentofoperatingcostsforgeneraloccupancy(family)developments
- ☐ Operatingcostsplusdebt service
- ☐ The“rent alvalue”oftheunit
- ☐ Other(listbelow)

f. Rentre -determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Anytime the family experiences an income increase
- ☐ Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- ☐ Other (list below)

g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market -based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ These section 8 rent reasonableness study of comparable housing
- ☒ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

B. Section 8 Tenant -Based Assistance

Exemptions: PHA that do not administer Section 8 tenant -based assistance are not required to complete sub -component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☒ Reflects market or submarket
- ☒ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☐ Success rates of assisted families
- ☒ Rent burden of assisted families
- ☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25

☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24CFR part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☒ A brief description of the management structure and organization of the PHA follows:

The GHA is governed by a seven member board. The agency is organized under the executive director and four main divisions;

- ◆ **Management.** This division is responsible for the day-to-day operation of the agency's conventional public housing (1225 units). Departments included are: Occupancy; responsible for maintaining the waiting list, Maintenance; responsible for routine and emergency work order intake and routine and preventive maintenance, Housing Managers; responsible for rent collections and recertification. Also within this division is legal services, drug elimination and residents services.
- ◆ **Section 8.** This division is responsible for the agency's leased -housing programs, the waiting list, annual reexaminations, unit inspections, and quality control.
- ◆ **Finance and Administration.** This division is responsible for all accounting, procurement, payroll and general services.
- ◆ **Modernization.** This division is responsible for the management of the agency's capital program, from design to oversight of general contractors.

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
---------------------	---	--------------------------

PublicHousing	1168	350
Section8Vouchers	229	48
Section8Certificates		
Section8ModRehab	N/A	
SpecialPurposeSection 8Certificates/Vouchers (list individually)	N/A	
PublicHousingDrug EliminationProgram (PHDEP)	262	
OtherFederal Programs(list individually)	N/A	

C.ManagementandMaintenancePolicies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

The GHAMaintenance Policy; included in this is:

- ◆ an emergency gas plan,
- ◆ extermination plan; that each unit is treated bi -annually and again weekly for follow -up and newly leased units (this is contracted out to other agencies),
- ◆ an inspection policy; that each unit is inspected annually
- ◆ a Quality Control Inspection Policy. The GHA has established a QCITeam of inspectorsto inspect randomly selected units to ensure the quality of work performed, and that HQS standards are met. Any areas of deficiencies will be identified and responded to. The goal is to inspect 1 % annually.

The Admissions & Continued Occupancy Policy

The Procurement Policy

The Personnel Policy

The GHA proposes some changes or revisions. (see attachment J.)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24CFRPart903.79(f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.
Section 8 - Only PHAs are exempt from sub - component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFRPart966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☒ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant -Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24CFR982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office
☒ Other (list below)
Section 8 Office
1608 E. Holly St
Goldsboro, NC 27530

7.CapitalImprovementNeeds

[24CFRPart903.79(g)]

ExemptionsfromComponent7:Section8onlyPHAsarenot required to complete this component and may skip to Component 8.

A.CapitalFundActivities

Exemptionsfromsub -component7A:PHAsthatwillnotparticipateintheCapitalFundProgrammay skip to component 7B. All other PHAs must complete 7A as instructed.

(1)CapitalFundProgramAnnualStatement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (nc015b01)

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2)Optional5 -YearActionPlan

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD -52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5 -Year Action Plan for the Capital Fund? (if no, skip to sub -component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) (nc015l01)

-or-

☐ The Capital Fund Program 5 -Year Action Plan is provided below: (if selected, copy the CFP Optional 5 Year Action Plan from the Table Library and insert here)

B.HOPEVI and Public Housing Development and Replacement Activities (Non -Capital Fund)

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
☐ Revitalization Plan submitted, pending approval
☐ Revitalization Plan approved
☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPEVI Revitalization grant in the Plan year?
If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?
If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No",

skiptocomponent9;if“yes”,completeoneact ivitydescription
foreachdevelopment.)

2.ActivityDescription

☐ Yes ☐ No: HasthePHAprovidedtheactivitiesdescriptioninformationin
the **optional**PublicHousingAssetManagementTable?(If
“yes”,skiptocomponent9.If“No”,completetheActivity
Descriptiontablebelow.)

Demolition/DispositionActivityDescription	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3.Applica tionstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: (DD/MM/YY)	
5.Numberofunitsaffected:	
6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment	
7.Timelineforactivity: a.Actualorprojectedstartdateofactivity: b.Projectendeddateofactivity:	

9. DesignationofPublicHousingforOccupancybyElderlyFamilies orFamilieswithDisabilitiesorElderlyFamiliesandFamilieswith Disabilities

[24CFRPart903.79(i)]

ExemptionsfromComponent9;Section8onlyPHAsarenotrequiredtocompletethissection.

1. ☐ Yes ☒ No: HasthePHAdesignatedorappliedforapprovaltodesignateor
doesthePHAplantoapplytodesignateanypublichousingfor
occupancyonlybytheelderlyfamiliesoronlybyfamilieswith
disabilities, orbyelderlyfamiliesandfamilieswithdisabilities
orwillapplyfordesignationforoccupancybyonlyelderly
familiesoronlyfamilieswithdisabilities,orbyelderlyfamilies
andfamilieswithdisabilitiesasprovidedbysection7ofthe
U.S.HousingActof1937(42U.S.C.1437e)intheupcoming

fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessment of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations

Act?(If “No”,skiptocomponent11;if “yes”,completeone activitydescriptionforeachidentifieddevelopment,unless eligible to complete streamlined submission. PHAs completing streamlined submissions may skiptocomponent 11.)

2.Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”,skiptocomponent 11.If “No”,complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment result submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved :) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof 1937

C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof 1937

11.HomeownershipProgramsAdministeredbythePHA

[24CFRPart903.79(k)]

A.PublicHousing

ExemptionsfromComponent11A:Section8onlyPHAsarenotrequiredtocomplete11A.

1. ☐ Yes ☒ No: DoesthePHAadministeranyhomeownershipprograms administeredbythePHAunderanapprovedsection5(h) homeownershipprogram(42U.S.C.1437c(h)),oranapproved HOPE Iprogram(42U.S.C.1437aaa)orhasthePHAappliedor plantoapplytoadministeranyhomeownershipprogramsunder section5(h),theHOPEIprogram,orsection32oftheU.S. HousingActof1937(42U.S.C.1437z -4).(If“No”,skipto component11B;if“yes”,completeoneactivitydescriptionfor eachapplicableprogram/plan,unlesseligibletocompletea streamlinedsubmissiondueto **smallPHA** or **highperforming PHA**status.PHAscompletingstreamlinedsubmissionsmay skiptocomponent11B.)

2.ActivityDescription

- ☐ Yes ☐ No: HasthePHAprovidedallrequiredactivitydescription informationforthiscomponentinthe **optional**PublicHousing AssetManagementTable?(If“yes”,skiptocomponent12.If “No”,completetheActivityDescriptiontablebelow.)

PublicHousingHomeownershipActivityDescription (Completeoneforeachdevelopmentaffected)
1a.Developmentname:
1b.Development(project)number:
2.FederalProgramauthority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h)

<input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26- 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA -established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self -sufficiency Programs

[24CFR Part 903.79(1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☒ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 12/05/2000

2. Other coordination efforts between the PHA and TANF Agency (select all that apply)

- ☐ Client referrals
- ☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self -sufficiency services and program to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare -to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self -Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self -sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families

- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing home ownership option participation
- ☐ Preference/eligibility for section 8 home ownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☐ No: Does the ePHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		

Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plan to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☐ Informing residents of new policy on admission and reexamination
 - ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

The GH A has developed and is currently implementing a policy on the administration of the Community Service Requirement. This policy has been suspended based on the change in FY 2002 HUD Appropriations Act. According to the act non - Hope VI developments are precluded from implementing or enforcing community service requirements using FY 2002 funds.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents
(select all that apply)

- ☐ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower -level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug -related crime
- ☐ Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anti-crime/anti-drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plan to undertake:
(select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug -prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at -risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug -elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?
- ☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment File name: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.79(n)]

The GHA has developed and adopted a pet policy following regulations of the Final Rule and is currently enforcing that policy.

15. Civil Rights Certifications

[24CFRPart903.79(o)]

Civil rights certifications are included in the PHA Plan Certification of Compliance with the PHA Plans and Related Regulations.

16.Fiscal Audit

[24CFRPart903.79(p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17.PHA Asset Management

[24CFRPart903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - ☐ Not applicable
 - ☐ Private management
 - ☐ Development-based accounting
 - ☐ Comprehensive stock assessment
 - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- ☒ Attached at Attachment (Filename) (nc015i01)
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub -component C.)

2. ☐ Yes ☒ No: Was there a resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub -component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization

☐ Other(list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant based assistance)

☐ Representatives of all PHA resident and assisted family organizations

☐ Other(list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (City of Goldsboro)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the need expressed in the Consolidated Plan/s.

☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan and the PHA Plan both strive to provide safe, sanitary and decent housing. Both plans meet the priority to provide low-income households with affordable housing. The PHA has partnered with the City to develop homeownership opportunities for low-income persons.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Definition of "Substantial Deviation" and "Significant Amendment or Modification"

Criteria for determining substantial deviation from Five Year Plan and significant amendment or modification to Five Year and Annual Plans:

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and the public comment process

Attachments

Use this section to provide any additional attachments referenced in the Plans.

A	Admissions Policy for Deconcentration	(nc015a01)
B	FY2002 Capital Fund Program Annual Statement	(nc015b01)
C	Statement of Progress in Meeting 5 - Year Plan Mission and Goals	(nc015c01)
D	Deconcentration and Income Mixing	(nc015d01)
E	Voluntary Conversion Required Initial Assessment	(nc015e01)
F	Description of Implementation of Community Service Requirement	(nc015f01)
G	Description of Pet Policy	(nc015g01)
H	Membership of the Resident Advisory Board	(nc015h01)
I	Resident Advisory Board Recommendations	(nc015i01)
J	Resident Membership of the PHA Governing Board	(nc015j01)
K	Definition of Substantial Deviation and Significant Amendment	(nc015k01)
L	FY2002 Capital Fund Program Five Year Action Plan	(nc015l01)
M	Third Year Policy Changes	(nc015m01)
N	Statement of Consistency with Consolidated Plan	(nc015n01)
O	FY1999 Final P&ER Revised Closeouts	(nc015o01)
P	FY2000 P&ER Revision 2 for NC19P015501	(nc015p01)
Q	FY2000 P&ER Revision 2 for NC190015502	(nc015q01)
R	FY2001 P&ER Revision 1 for NC190015501	(nc015r01)
S	FY2001 P&ER Report Revision 1 Dec. 2001	(nc015s01)
T	Completion of Units at Elmwood	(nc015t01)

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and III

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non - CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment - Nonexpendable	
12	1470 Non dwelling Structures	
13	1475 Non dwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2 - 19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

AnnualStatement
CapitalFundProgram(CFP)PartII:SupportingTable

Developme nt Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost

AnnualStatement
CapitalFundProgram(CFP)PartIII:ImplementationSchedule

Development Number/Name HA-WideActivities	AllFundsObligated (QuarterEndingDate)	AllFundsE xpended (QuarterEndingDate)

OptionalTablefor5 -YearActionPlanforCapitalFund(Component7)

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA
plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5
informationisincludedintheCapitalFundProgramAnnualStatement.

-widephysicalormanagementimprovements
-Yearcycle,b ecausethis

Optional5 -YearActionPlanTables				
Development Number	DevelopmentName (orindicatePHAwide)	Number Vacant Units	%Vacancies inDevelopment	
DescriptionofNeededPhysicalImprovementsorManagement Improvements			Estimated Cost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovernext5years				

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition/disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

Statement of Consistency with the Consolidated Plan

The Consolidated Plan and the PHA Plan both strive to provide safe, sanitary and decent housing. Both plans meet the priority to provide low-income households with affordable housing. The PHA has partnered with the City to develop homeownership opportunities for low-income persons.

Annual Statement/Performance and Evaluation Report

Capital Fund Program AND Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name Housing Authority of the City of Goldsboro		Grant Type and Number Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number	
<input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending			

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original	Revised (1)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 10% of line 20)	70,000			
3	1408	Management Improvements	60,000			
4	1410	Administration	161,004			
5	1411	Audit	6,680			
6	1415	Liquidated Damages	0			
7	1430	Fees and Costs	10,000			
8	1440	Site Acquisition	0			
9	1450	Site Improvement	115,000			
10	1460	Dwelling Structures	1,679,913			
11	1465.1	Dwelling Equipment-Nonexpendable	33,275			
12	1470	Non dwelling Structures	0			
13	1475	Non dwelling Equipment	72,000			
14	1485	Demolition	0			
15	1490	Replacement Reserve	0			
16	1492	Moving to Work Demonstration	0			
17	1495.1	Relocation Costs	20,000			
18	1499	Development Activities	0			
19	1501	Collateralization or Debt Service	0			
20	1502	Contingency (May not exceed 8% of line 20)	39,158			
21	Amount of Annual Grant (Sum of lines 2-20)		2,267,030			
22	Amount of line 20 Related to LBP Activities		0			
23	Amount of line 20 Related to Section 504 Compliance		0			
24	Amount of line 20 Related to Security-Soft Cost		0			
25	Amount of line 20 Related to Security-Hard Cost		600,427			
26	Amount of line 20 Related to Energy Conservation Measures		0			

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName				Grant Type and Number				Federal FY of Grant:	
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550102				2002	
				Replacement Housing Factor Grant No:					
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
NC15-1 FAIRVIEW	Sitework	1450	L.S.	5,000					
	Sitework-Utility Renovations/Gas								
	Water/Sewer	1450	L.S.	25,000					
	LBP Activities	1460	L.S.	5,000					
NC15-2 LINCOLN	Sitework	1450	L.S.	5,000					
	LBP Activities	1460	L.S.	5,000					
NC15-3 FAIRVIEW	Sitework	1450	L.S.	5,000					
	Sitework-Utility Renovations/Gas								
	Water/Sewer	1450	L.S.	25,000					
	LBP Activities	1460	L.S.	5,000					
NC15-4 LINCOLN	Sitework	1450	L.S.	5,000					
	LBP Activities	1460	L.S.	5,000					
NC15-5 WOODCREST	Sitework	1450	L.S.	5,000					
	Security Screen Windows	1460	75 du.	120,427					
NC15-6 ELMWOOD	Comprehensive Renovations	1460	30 du.	785,000					
	Relocation Cost	1495	L.S.	20,000					
	Ranges	1465	30 du.	7,890					
	Refrigerators	1465	30 du.	10,260					
	Sitework	1450	L.S.	20,000					
	Sitework-Parking Lot	1450	L.S.	0					
	Smoke/CODetectors	1460	146 du.	7,000					
NC15-7 WESTHAVEN	Security Screens windows	1460	250 du.	400,000					
	Sitework	1450	L.S.	5,000					
FAIRVIEWEAST	Kitchen Renovations	1460	86	155,000					
NC15-8 LITTLE	Security Screen Windows	1460	50	80,000					
	Sitework	1450	L.S.	5,000					
WASHINGTON									

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName				Grant Type and Number				Federal FY of Grant:
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:				2002
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHAWIDE	Auto Equipment	1475		35,000				
NONDWELL	Computer Upgrade	1475		10,000				
EQUIPMENT	Office & Maintenance Equipment	1475		27,000				
PHAWIDE	Operations	1406		70,000				
	Resident Management Training/ Assist Resident Groups	1408		0				
	Employee Training	1408		5,000				
	Consult Computer Conversion	1408		15,000				
	Computer Software	1408		5,000				
	Salary-Police	1408		0				
	Manager Information System	1408		35,000				
	Fringe Benefits	1408		0				
PHAWIDE	Administrative Salaries	1410		140,269				
	Benefits	1410		18,235				
	Sundry	1410		2,500				
	Audit	1411		6,680				
	Fees/Costs	1430		10,000				
	Fees/Costs/Engineering Study	1430		0				
	Contingency	1502		39,158				
	Fringe Benefits	1460		112,486				
	Fringe Benefits	1450		10,000				
PHAWIDE								
DWELLEQUIP	Ranges	1465	25	6,575				
	Refrigerators	1465	25	8,550				

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName Housing Authority of the City of Goldsboro				Grant Type and Number Capital Fund Program Grant No.: NC19PO1550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC15-1 FAIRVIEW	Dec2004			Dec2005			
NC15-2 LINCOLN	Dec2004			Dec2005			
NC15-3 FAIRVIEW	Dec2004			Dec2005			
NC15-4 LINCOLN	Dec2004			Dec2005			
NC15-5 WOODCREST	Dec2004			Dec2005			
NC15-6 ELMWOOD	Dec2004			Dec2005			
NC15-7 WESTHAVEN	Dec2004			Dec2005			
NC15-8 LITTLE WASHINGTON	Dec2004			Dec2005			

Statement of Progress in Meeting 5 - Year Plan Mission and Goals

- Goal 1. Ensure a well maintained housing stock
- Objective 1: The GH A management staff has done a good job over the evaluation period as evident by the standard performer designation on PHAS for FYE June 30, 2001.
- Objective 2: The maintenance staff is continuously identifying problem areas and budgeting to make corrections.
- Objective 3: Staff is currently re-inspecting a 1% sampling of maintenance work orders to ensure work quality.
- Goal 2. Maintain and enhance residents safety and security
- Objective 1: The housing authority has installed additional lighting and fencing at Fairview Homes, Lincoln Homes, Elmwood and Woodcrest developments.
- Objective 2: Security Screens were installed at Lincoln Homes Apartments. Staff has received very positive comments from the residents regarding the security screen installation. A contract has been executed for installation of screens at Fairview Homes during the current budget year.
- Objective 3: GH A staff continued its aggressive policy of lease terminations for those who were involved in illegal drug or other criminal activities.
- Goal 3. Expand Home ownership opportunities and self-sufficiency programs for residents of public and assisted housing
- Objective 1: GDC continued to work with the City of Goldsboro to identify opportunities to develop affordable housing opportunities for low-income persons. GH A is proposing to develop a FSS program to be linked with occupancy of 4 apartment units being built on Charles Street.
- Objective 2: The GDC purchased a dwelling for its home ownership/rental program during the performance period.
- Objective 3: Staff continued to work with local agencies to encourage self-sufficiency of GH A residents.
- Goal 4. Increase assisted housing choices to meet future demand
- Objective 1: The Section 8 Program has achieved a high lease up rate during the performance period. In addition, the Section 8 Program has been designated a High Performer for SEMAP for FYE 6/30/2001.

- Objective2: Section8programexperiencedanincreaseof25newlandlord participantsduring2001.Thisrecruitmentefforthasresultedinabetter leaseuprate.
- Objective3: TheGDCcontinuestoseekopportunitiestoprovidevariedhousing opportunitiesin WayneCounty.
- Goal5. Promotefairhousingandequalopportunityforallcitizensthrough educationandoutreach
- Objective1: StaffhasattendedseveralSection8trainingsessionsduringthe performanceperiod.
- Objective2: TheCityofGoldsboroCommunityAffairsOfficecancelleditsFair HousingWorkshopin2001butplanstohostoneinApril2002.GHAWill participate.

Component 3,(6)DeconcentrationandIncomeMixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☒ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
Little Washington	50	This is one of the newest developments and consists of freestanding units which we believe help to attract the higher income population.	
Woodcrest	75	This development has recently renovated through the Capital Fund Program therefore being more attractive to the higher income population.	

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? Six (6)
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? none
- c. How many Assessments were conducted for the PHA's covered developments? One, the initial assessment
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: NA

Development Name	Number of Units

d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

GOLDSBORO HOUSING AUTHORITY (GHA) COMMUNITY SERVICE ACTIVITIES OR SELF-SUFFICIENCY POLICY

A. DEFINITION:

Community Service: The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance residents' self-sufficiency, or increase residents' self-responsibility in the community. Community service is not employment and may not include political activities.

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, employment training, work placement, basic skill training, education, English proficiency, workfare, financial, or household management, apprenticeship, and any program necessary to ready a participant for work (such as substance abuse or mental health treatment).

B. Exempt Individual. An adult who:

- (1) Is 62 years or older;
- (2) Is a blind or disabled individual, and who certifies that because of this disability she or he is unable to comply with the service provisions of this policy, or is a primary caretaker of such individual;
- (3) Is engaged in work activities;
- (4) Meets the requirement for being exempted from having to engage in a work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program; or;
- (5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of North Carolina, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

C. GENERAL REQUIREMENT:

1. Service Requirement: Except for any family member who is an exempt individual, each adult resident of public housing must:

- (a) Contribute 8 hours per month of community service (not including political activities).

- (b) Participate in an economic self-sufficiency program for 8 hours per month; or
- (c) Perform 8 hours per month of combined activities as described in I(a) and I(b) of this section.

2. Family violation of service requirement:

Absent any other violation of the Lease Agreement, Leases shall be renewed automatically for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for nonrenewal of the lease at the end of the twelve-month lease term, but not for termination of tenancy during the course of the twelve-month lease term.

D.DETERMINATION OF FAMILY MEMBER OR EXEMPTION FROM THE SERVICE REQUIREMENT.

A. The Resident Services Coordinator along with the Housing Manager will determine who is eligible for Community Service.

(1) The Resident Services Coordinator will notify the residents by mail that they are eligible for Community Service. The resident will be given a written description of the service requirement and an opportunity to claim an exempt status.

- a. If the resident is claiming exempt status, the Housing Manager, and Resident Services Coordinator will review the form.
- b. If the resident is approved as exempt status, the Housing Manager will notify the resident.

(2) Housing Managers will give new residents that are eligible for Community Service a letter, which will contain a written description of the service requirement and an opportunity to claim an exempt status. Housing Manager will have the residents sign a receipt for copy of the policy and forms.

B. Each non-exempt resident will be given a list of agencies with phone numbers on where they can do community service hours but not limited to those agencies. All volunteer work must be certified with documentation from designated supervisors. Non-exempt residents will also be given Certification Forms and a copy of the Community Service Activities or Self-Sufficiency Policy:

(1) The Housing Manager will have the non-exempt residents sign for (B) above. This receipt will be **filed** in the resident's **files**.

- (2) Non-exempt resident will turn completed certification forms to their housing manager, to be given to the Resident Services Coordinator. Once the hour has been updated, the certification form will be returned to housing manager for filing.

E. RESIDENT NONCOMPLIANCE

- 1) The GHA will review family compliance 60 days before the end of the twelve-month lease term.

a. If the Housing Authority determines that there is a family member, who is required to fulfill a service requirement, but has violated this family obligation, the tenant will be notified by letter. The letter will include the following:

- (1) Describe the noncompliance.

- (2) State the Housing Authority will not renew the lease at the end of the twelve-month lease term unless:

- a. The resident and any other noncompliant resident, enter into a written agreement with GHA, to cure such noncompliance, and in fact cures such noncompliance in accordance with such agreement; or
- b. The family provides written assurances satisfactory to GHA that the resident or other noncompliant resident no longer resides in the unit.

- (3) State that the tenant may request a grievance hearing on the GHA determination, and that the tenant may exercise any available judicial remedy to seek timely redress for the housing authority's nonrenewal of the lease because of such determination.

E. PROHIBITION AGAINST REPLACEMENT OF GHA EMPLOYEES: The GHA

will not substitute Community Service for work ordinarily performed by Housing Employees or replace a job at any location where community work requirements are performed.

F. CIVIL RIGHTS REQUIREMENT: GHA will assure that civil rights requirement will be followed.

**GOLDSBORO HOUSING AUTHORITY COMMUNITY SERVICE -
ACTIVITIES/SELF-SUFFICIENCY RECEIPT FORM**

on _____, I was given a copy of the Community
Service
DATE

Activities or Self-Sufficiency Policy, Forms, and a list of community service agencies.

PRINTED NAME

GHA EMPLOYEE

DATE

Goldsboro Housing Authority

Certification of Community Service and/or Self Sufficiency Hours Performed -

Name of Organization:		Name:		
Address:		Address:		
Telephone Number:		Telephone Number:		
Date	# of Volunteers and/or Course Hours	Description of Work performed and/or Course taken	Supervisor Printed Name Last, First	Supervisor Signature
	Total Hours			

Completed Certification forms should be submitted monthly to your Housing Manager.

November 21, 2000

Ms. Glenda White
112 Southern Plaza Drive
Dudley, North Carolina

Dear Ms. White :

This letter is to inform you that according to the Community Service/Economic Self Sufficiency Program mandated, you are required to perform eight (8) hours of volunteer community service per month. Service requirement is noted in paragraph A. Exempt individual is noted in paragraph B. Definitions are listed in paragraph C.

A. Service Requirement: Except for any family member who is an exempt individual, each

adult resident of public housing must:

- (1) Contribute 8 hours per month of community service (not including political activities).
- (2) Participate in an economic self-sufficiency program 8 hours per month; or
- (3) Perform 8 hours per month of combined activities as described in 1 (a) and 1 (b) of this section

B. Exempt Individual. An adult who:

- (1) Is 62 years or older,
- (2) Is a blind or disabled individual, and who certifies that because of this disability she or he is unable to comply with the service provisions of this policy, or is a primary caretaker of such individual;
- (3) Is engaged in work activities;
- (4) Meets the requirement for being exempted from having to engage in work activity under the State Program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of the State in which the PHA is located, including, including a State-administered welfare-to-work program; or;
- (5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601) or under any other welfare program of North Carolina, including a State-administered welfare-to-work programs, and has not been found by the State or other administering entity to be in noncompliance with such program.

(2)

C. Definitions:

(1) Community Service; The performance of voluntary work or duties that are public benefit, and that serve to improve the quality of life, enhance residents self sufficiency, or increase residents self -responsibility in the community. Community service is not employment and may not include political activities.

(2) Economic Self -Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include program for job training, employment training, work placement, basic skill training, education, English proficiency, workfare, financial, or household management, apprenticeship, and any program necessary to ready a participant for work (such as substance abuse or mental health treatment).

Please see your Housing Manager no later than _____, to receive a copy of the Community Service and Economic Self -Sufficiency Policy and forms that you will need. If you have any questions contact your housing manager.

Sincerely,

Gene D. Thomas

Executive Director

cc: Housing Manager

Organizations for Volunteer Community Service

4-H Cooperative Extension
Street
(919) 731 -1527
Contact Person: Connie Greeson
After School Program
208 W. Chestnut

Goldsboro Housing Authority
Street
(919) 735 -5650, ext. 213
Contact Person: Glenda White
Office Work
1729 Edgerton

Goldsboro Housing Authority
Street
(919) 735 -5650, ext. 217
Contact Person: Inetta Smith
Variety
1729 Edgerton

Goldsboro Housing Authority
Street
(919) 735 -4226, ext. 107
Contact Person: Steve Jordan
Maintenance & Ground Crew
700 N. Jefferson

Boys & Girls Club, Lincoln
Street
(919) 581 -0433
Contact Person: Pam Easley
Variety
1009 Slaughter

Carver Height Edison School
(919) 731 -7222, ext. 1060
Contact Person: Claudia Brown
Variety
411 Bunche Drive

Wayne Uplift Resource Center
Circle
(919) 735 -4262
Contact Person: Linda H. Cox
Variety
2300 Courtyard

WayneUpliftResourceCenter
EdgertonSt.
(919)731 -3955
ContactPerson:CalvinRobinson
Variety

Fairview,1905

CommunitiesinSchool
Street
(919)735 -1432
ContactPerson:SudieDavis
Variety

308N.William

**GOLDSBORO HOUSING AUTHORITY
CLAIMING FOR EXEMPT STATUS FORM**

DATE _____ NAME _____

HEAD OF HOUSEHOLD _____

ADDRESS

Please check the appropriate block:

_____ 62 years or older

_____ Disabled individual

_____ Engaged in work

_____ Engaged in work activity under the State Program funded under part A of Title IV of the Social Security Act

_____ Is a member of a family receiving assistance, benefits or services under state program Wider Part A of Title IV of the Social Security Act, or under any other welfare program of NC, including a State administered welfare -to-work program.

Documentation must be provided to the housing manager for all items checked off:

Signature

Date

TO: HOUSING MANAGER DATE RECEIVED _____

What type of documentation was submitted?

_____ Approved

_____ Disapproved (reason) _____

DATE REVIEWED BY RESIDENT SERVICES COORDINATOR _____

DATE RESIDENT NOTIFIED OF STATUS _____

GOLDSBORO HOUSING AUTHORITY

PET POLICY

INTRODUCTION:

The following is the Pet Policy adopted by the Goldsboro Housing Authority (GHA) in consultation with the Resident Councils. Except as otherwise specifically authorized under this pet policy, the Goldsboro Housing Authority will not prohibit any Resident of its housing developments from owning a common household pet or having such pet living in the Resident's unit or restrict or discriminate against any person in connection with admission to, or continued occupancy of, such housing by reason of the person's ownership of a common household pet or the presence of such pet in that person's unit.

1. DEFINITIONS

(a) **Common Household Pet** means a domesticated animal, such as a dog or cat, and pets traditionally kept in cages in the home for pleasure rather than for commercial purposes, such as a bird, rodent (including a rabbit), fish or turtle. Common household pet does not include Pitbulls, Rottweilers, Dobermans, Bulldogs, Chows, German Shepherds, reptiles (except turtles), and some tropical pets. If this definition conflicts with any applicable State or local law or regulations defining the pets that may be owned or kept in dwelling accommodations, the State or local law or regulation shall apply. **THIS DEFINITION SHALL NOT INCLUDE ANIMALS THAT ARE USED TO ASSIST THE DISABLED.**

(b) **DISABLED FAMILY** means a family who is disabled as defined in this GHA's Admissions and Continued Occupancy Policies.

- (c) **GHA** means Public Housing Authority
- (d) **GHA or Authority** means the **GOLDSBORO HOUSING AUTHORITY**.

2. RULES GOVERNING THE KEEPING OF PETS

A. Registration:

Pet owners are required to register their pets with the GHA before the pet is brought onto the development. This permit is to be renewed annually and, may be renewed during the annual re-examination of the Resident's income and family composition. This registration will include:

- (1) A certificate signed by a licensed veterinarian or a State or local authority empowered to inoculate animals (or designated agent of such an authority) stating that the pet has received all inoculations required by applicable State or local law.
- (2) Information sufficient to identify the pet and to demonstrate that it is a common household pet, and;
- (3) The name, address and phone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
- (4) The pet owner shall sign the Pet Agreement along with this Pet Policy as an addendum to the Lease Agreement. The Pet Policy and Agreement shall contain the provisions that the pet owner agrees to comply with this pet policy and Agreement; and that violation of the Pet Policy and Agreement shall be grounds for removal of the pet or termination of the pet owner's tenancy or both), in accordance with the provisions of the Lease, State and local laws.
- (5) The GHA may refuse to register a pet if that pet is not a common household pet; if the keeping of the pet would violate any applicable house pet rule; if the pet owner fails to

provide complete pet registration information; fails to annually update the pet registration; or if the GHA reasonably determines, based on the pet owner's habits and practices that the owner will be unable to keep the pet in compliance with the Pet Policy/Agreement and other Lease obligations.

(6) The GHA may not refuse to register a pet based on a determination that the pet owner is financially unable to care for the pet or that the pet is inappropriate, based on the therapeutic value to the pet owner or the interest of the property or existing tenants. The pet's temperament will be considered in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

(7) The pet owner will be notified if the GHA refuses to register a pet. The notice shall state the basis for the GHA's action and shall be served on the pet owner by:

- (a) Sending a letter by first class mail, properly stamped and addressed to the resident at the dwelling unit, with a proper return address; or
- (b) Serving a copy of the notice on any adult answering the door at the pet owner's unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door; or
- (c) In case of service of notice to residents of a high-rise building, posting the notice in at least three (3) conspicuous places within the building and maintaining the posted notices intact and in legible form for 30 days.
- (d) This notice of refusal may be combined with a notice of Lease violation. The pet owners shall have the right to a grievance hearing, as stated in the GHA's Lease and Grievance Procedure.

B. Number and size of pets

The number of four -legged warm -blooded animals shall be limited to one (1) pet in each dwelling unit. Birds, fish and turtles shall be limited to the number that can be reasonably kept in one (1) standard cage or aquarium designed for that purpose. The pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.

C. Financial Obligations:

- (1) If the pet is a cat or dog, the pet owner will be required to pay a pet deposit of Two Hundred Fifty dollars (\$250.00), which is payable immediately upon approval of the pet permit. This deposit is in addition to the security deposit required by other conditions of the Lease. The pet deposit shall be used to pay only reasonable expenses directly attributable to the presence of the pet in the project, including (but not limited to) the cost of repairs and replacement to, and fumigation, of the Resident's unit. The GHA will refund that unused portion of the pet deposit to the Resident within a reasonable time after the Resident moves from the project or no longer keeps a pet in the unit. The pet deposit shall not be used to pay expenses while the pet owner is in possession of a pet.
- (2) A pet fee of \$5.00 per month will be assessed the pet owner.
- (3) Fumigation and pest control measures taken by the GHA directly attributable to the keeping of a pet in the apartments shall be charged to the pet owner, if said pet owner fails to control fleas and other common pests associated with keeping of animals in the apartment. Costs of same will be billed to the Resident in the amount that it costs the GHA to employ a professional firm for this purpose.

D. Inoculations.

The pet owner will have the pet inoculated in accordance with State and Local laws. Proof of these inoculations will be furnished prior to the approval of the pet permit and then again on an annual basis. The pet owner is required to have the pet wear the tag provided by the veterinarian when the pet is inoculated.

E. Sanitary Standards.

- (1) The pet owner shall exercise due care to keep the apartment and common areas in a sanitary condition. Pets must be exercised and curbed only in areas not occasioned by pedestrian traffic, and especially not in front of any building.
- (2) The person exercising or curbing the pet will carry with them the means to clean up after the pet each time the pet is taken outside. All removable pet wastes shall be removed from the grounds immediately upon deposit by the pet and properly disposed of by the pet owner.
- (3) All cages, aquariums, litter boxes, etc. will be cleaned on a regular basis. Pet owners must change the litter at least two times weekly, or as often as necessary to prevent unsanitary conditions and odors. Pet waste must be separated from litter at least once daily.

F. Standards for Pet Care

- (1) No pet shall be left alone for any unreasonable length of time. If the health of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the GHA may contact the responsible party or parties listed in the pet registration required under this pet policy. If the responsible party or parties are unwilling or unable to care for the pet, or the GHA despite reasonable effort has been unable to contact the responsible party or parties, the GHA may contact the appropriate State or local authority (or designated agent of such an authority) and request the removal of the pet. If there is no such State or local authority (or designated agent of such an authority) authorized to remove the pet under these circumstances the GHA may enter the pet owner's unit, remove that pet and place that pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but not longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner. If the pet owner (or the pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility may be paid from the pet deposit.
- (2) Pets shall not be allowed to disturb other tenants in the quiet enjoyment of their homes. Pet owners will take adequate precautions to prevent a pet from disturbing other tenants; i.e. barking, howling, loud meowing, scratching, biting, etc.
- (3) Pet owners will be required to take effective flea and other pest control measures with respect to the pet and the surroundings. Failure to do so will result in termination of the pet permit and the GHA taking pet control measures at the owner's expense.

- (4) Pet owners will be required to provide proof of spaying or neutering on any cat or dog over 7 months.
- (5) Pet owners will obtain any state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.

G. Pet Restraint.

- (1) All cats and dogs shall be appropriately and effectively restrained by a leash and under the control of a responsible individual, who is capable of controlling such animal, while on the common areas of the development. No pets will be allowed to run loose upon the GHA grounds. Except while the pet is being exercised; the pet is to be kept within the confines of the apartment. No pet may be tied or chained in or on the premises. The apartment cannot be altered to accommodate, or provide an enclosure for the pet. Fences cannot be erected on the GHA grounds.
- (2) The pet owner or responsible household members shall be present during inspections and maintenance activities in the unit to control their pet; and will hold GHA harmless should the pet get loose by granting a waiver of liability.

H. TEMPORARY PETS.

It is not permissible to keep pets on the premises that are not owned by the Resident and are not authorized by a current GHA Pet Permit. The GHA, however, does encourage the use of a visiting pet program sponsored by a humane society or other nonprofit organization.

I. PETS ASSISTING THE DISABLED.

This pet policy does not apply to animals that are used to assist the disabled. This exclusion applies to animals that reside in the projects for the elderly and disabled, as well as to animals that visit these projects. This GHA will not apply or enforce any pet rules developed under this pet

policy against individuals with animals that are used to assist the disabled.

Nothing in this pet

policy shall:

- (1) Limit or impair the rights of disabled individuals.
- (2) Authorize the GHA to limit or impair the rights of disabled individuals, or
- (3) Affect any authority that the GHA may have to regulate animals that assist the disabled, under Federal, State or local law.

(J) CONFLICT.

Nothing in this pet policy prohibits the GHA, or an appropriate community authority, from requiring the removal of any pet from a development, if the pet's conduct is duly determined to constitute, under the provisions of State or local law, an nuisance or a threat to the health or safety of other occupants of the development or of other persons in the community where the development is located; nor prohibit termination of the Lease of a Pet Owner for violation of any part of the Policy/Agreement or Lease Agreement.

(K) STATE OR LOCAL LAWS

If there is an applicable State or local law or regulation governing the keeping of pets, the pet rules prescribed under this pet policy shall not conflict with such law or regulation. If such a conflict may exist, the State or local law or regulations shall apply.

(L) OWNER COMPLIANCE.

Failure of this pet policy to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.

(M) FAMILY REQUESTS.

Families may at any time request a copy of this Pet Policy and/or any amendments thereto.

Families also may at any time request that their Leases be amended to permit occupancy of common household pets.

Pet Owner: _____

Date: _____

GHA Designee: _____

Date: _____

GOLDSBORO HOUSING AUTHORITY**PET AGREEMENT****ATTACHMENT NO. 1****TO****PET POLICY**

The undersigned acknowledges that this Agreement is attached to and made a part of this Pet Policy and the Lease Agreement between these same parties dated _____, and that it shall be renewed and shall expire under the same terms and conditions of the Lease Agreement.

1. The Lessor, Goldsboro Housing Authority (GHA) agrees that the Lessee, _____, is hereby given permission to keep and maintain ONE pet in the apartment rented by the Lessor. A limit of ONE pet is permitted. A current photograph of each pet is required.
2. The Lessee agrees to pay a \$250.00 refundable pet deposit, in accordance with the requirements of the Pet Policy prior to occupancy. A \$ 5.00 per month pet fee will be assessed the pet owner ..
3. The Lessee agrees that their pet has been registered with the GHA and that the pet will be registered annually at reexamination; that an application has been submitted to the GHA, along with a certification completed by a licensed veterinarian or a State or local authority empowered to inoculate animals, prior to the pet being allowed on the premises, showing that the pet has received all inoculations required by applicable State and/or local law; and information sufficient to identify the pet and all other requested information. The Lessee further agrees to provide proof of spaying or neutering on any cat or dog over 7 months.
4. The Lessee agrees that only the pet accurately described and listed below is covered under this Pet Agreement. The Lessor will refuse to register a pet if that pet is not a common household pet, or the pet owner fails to furnish all required information when asked to do so. The Lessee will be notified if the Lessor decides not to register a pet.
5. The Lessee agrees to curb their pet only in the areas not occasioned by pedestrian traffic and specifically not in front of any building. Lessee will carry with them, at all times, the means to clean up after their pet each and every time the pet is outside, and agrees to remove and properly dispose of all removable pet wastes from the grounds immediately upon deposit by the pet. The Lessee may have his/her lease terminated if the pet is allowed to violate any of the requirements herein.

6. The Lessee agrees to clean all cages, aquariums, litter boxes, etc. on a regular basis; change the litter at least twice weekly or as often as necessary to prevent unsanitary conditions and odors; separate waste from litter at least daily, and keep the apartment and common areas in a sanitary condition.
7. The Lessee agrees that no pet will be left alone for any unreasonable length of time. Should the PHA have to take measures to place the pet in an animal care facility, the Lessee agrees to pay the cost of the facility or if the pet owner is unwilling or unable to pay, the cost will be paid from the pet deposit.
8. The Lessee agrees that the Lessor has the right to demand that the Lessee remove the subject pet if for any reason the pet becomes a nuisance as determined solely by management, or disturbs other residents such as loud barking, meowing, howling, scratching, biting, etc,
9. The Lessee agrees that no vicious fighting or attack dogs such as Pitbulls, Rottweilers, Dobermans, Bulldogs, Chows, or German Shepherds will be allowed.
10. The Lessee agrees to the size restriction that their pet may not weigh more than 20 pounds full grown or exceed 20 inches in height.
11. The Lessee agrees to provide an acceptable flea control program; and should the PHA have to fumigate and take pest control measures directly attributable to the keeping of the pet, the costs of same will be billed to the resident.
12. The Lessee agrees to keep their pet(s) on a leash and under their control at all times when outside Lessee's apartment, and that no pet may be tied or chained in or on the premises.
13. The Lessee agrees to abide by all statutes in force by City, County, State, or other government agencies pertaining to pets. If any of the pet requirements herein are in conflict with these statutes, the City, County, State, or other government agency statutes will apply. Failure of this Policy Agreement to address any State or local law or regulation does not relieve the pet owner from complying with applicable State or local requirements.
14. The Lessee agrees that pets not owned by the Lessee are not allowed on the premises.
15. The Lessee agrees that their pet dog or cat will wear a state required license tag as well as a name tag showing the pet's name, owner's name, address and telephone number.
16. The Lessee or responsible household member agrees to be present to control their pet during inspections and maintenance activities. The Lessee further agrees to grant a waiver of liability and hold GHA harmless should the pet get loose during emergency maintenance or requested work with permission to enter.

17. Nothing in this Agreement prohibits the PHA from removing any pet from a development if the pet's conduct has been determined as constituting a nuisance or a threat to the health or safety of other occupants of the development or community where the development is located; nor prohibits the PHA from terminating the Lease of a Pet Owner for violation of any part of this Policy/Agreement or Lease Agreement.

Please complete the following:

DESCRIPTION:

Name of Pet: _____ Name of Pet: _____
 Pet Type: Cat _____ Dog _____ Other _____ Pet Type: Cat _____ Dog _____

Other: _____

Breed: _____ Weight: _____ Breed: _____ Weight: _____
 Height: _____ Height: _____

 Resident Date

 Witnessed By: (PHA Designee) Date

GOLDSBORO HOUSING AUTHORITY

PET APPLICATION

**ATTACHMENT NO 2
TO
PET POLICY**

1. How long have you owned this pet? _____
2. Has your pet lived in rental housing before? _____. If so, where? _____

 Please list the landlord's name, address, and telephone.
 Name: _____
 Address: _____
 Telephone: _____
3. Has your pet ever bitten or hurt anyone? _____. Please describe below. _____

4. (A) Age of pet: _____ (B) Type of pet: _____ C. Breed _____
 (D) Height and weight of pet: _____ (if your pet is not full -grown, please submit letter from veterinarian stating size and weight pet will reach at maturity)
5. Name, address and telephone number of veterinarian that can verify inoculations, neutering and licenses (please attach proof of inoculations, neutering, and licenses).
 Name: _____
 Address: _____
 Telephone: _____
6. List any health problems of your pet: _____

7. If your pet is a cat or dog:
 (A) For cats: attach proof of declawing.
 (B) For cats and dogs: attach proof of spaying or neutering.
8. List names of two persons able to care for your pet in case of emergency, or in case of our inability to care for your pet.
 (1) Name _____ (2) Name: _____
 Address: _____ Address: _____

Phone: _____
 (home) _____ (work) _____ Phone: (home) _____ (work) _____
 Please inform management if the name, address, or phone numbers of these persons change at any time.

Resident: _____ Date: _____

Address: _____

Please complete the following:

DESCRIPTION:

Name of Pet _____

Name of Pet _____

Pet Type: Cat _____ Dog _____ Other _____

Pet Type: Cat _____ Dog _____ Other _____

Breed: _____ Weight: _____

Breed: _____ Weight: _____

Height: _____

Height: _____

 Resident

 Date

 Witnessed By: (PHA Designee) Date

Membership of the Resident Advisory Board

Fairview Apartments

Ms. Beulah Boomer
706-BN. Claiborne Street
Goldsboro, North Carolina 27530
Telephone: 580 -0364

Lincoln Apartments

Ms. Linda Walker
916-A Carver Drive
Goldsboro, North Carolina 27530
Telephone: 735 -4039

Woodcrest Terrace

Ms. Beulah Howell
504 E. Holly Street
Goldsboro, North Carolina 27530
Telephone: 735 -6222

Ms. Edna Watson
506 E. Holly Street
Goldsboro, North Carolina 27530
Telephone: 735 -2361.

Elmwood Terrace

Ms. Linda Debrew
308 Hollowell Avenue
Goldsboro, North Carolina 27530
Telephone: 731 -9721

West Haven Apartments

Ms. Ellen Holloman
120 Dupont Circle
Goldsboro, North Carolina 27530
Telephone: 581 -9167

Little Washington Development

Ms. Teresa Smith
308 Kennon Court
Goldsboro, North Carolina 27530
Telephone: 736 -8192

November 13, 2001

Housing Authority of the City of Goldsboro, NC

Comments Received from Residents

The comments received from the Resident Advisory Board were favorable for this year's annual plan. No changes were recommended at this time.

Resident Membership of the PHA Governing Board

The Board of Commissioners of the Housing Authority of the City of Goldsboro adopted a resolution for appointment of resident representation to the Board of Commissioners of the City of Goldsboro Housing Authority on December 16, 1999.

The resident that serves as resident member on the board is Traci Vaughn. The Mayor of the City of Goldsboro makes the appointment in accordance with the North Carolina General Statutes. The term of appointment is five years. The term expires December 16, 2004.

The process for selection of Resident Representation to the Board of Commissioners of the Goldsboro Housing Authority is:

1. Residents should have been a resident of the Goldsboro Housing Authority on the Section 8 Program for a minimum of two years.
2. Residents shall be in good standing financially with any public or any assisted housing program.
3. Recommendations may be solicited from housing manager of each housing development or Section 8 Coordinator.
4. Residents should have the interest and welfare of the Goldsboro Housing Authority at heart.
5. Should not have a criminal background.
6. Final decision for selection to be recommended to the Board of Commissioners will be made by the Chairman of the Board and the Executive Director.
7. The Mayor of the City of Goldsboro, North Carolina, will make the final appointment in accordance with the North Carolina General Statutes.

Definition of Substantial Deviation and Significant Amendment

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and the public comment process.

Five-Year Action Plan
Part I: Summary
Capital Fund Program (CFP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name Goldsboro Housing Authority		Locality: (City/County & State) Goldsboro, Wayne County, North Carolina		<input checked="" type="checkbox"/> Fiscal Year	<input type="checkbox"/> Division No.
A. Development Number/Name	Work Statement for Year 1 FFY: 2002	Work Statement for Year 2 FFY: 2003	Work Statement for Year 3 FFY: 2004	Work Statement for Year 4 FFY: 2005	Work Statement for Year 5 FFY: 2006
NC15-1, FAIRVIEW APARTMENTS	SEE ANNUAL STATEMENT	5,000	5,000	383,120	5,000
NC15-2, LINCOLN APARTMENTS		79,000	380,380	1,022,100	1,128,310
NC15-3, FAIRVIEW APARTMENTS		5,000	5,000	5,000	320,100
NC15-4, LINCOLN APARTMENTS		117,140	580,400	5,000	5,000
NC15-5, WOODCREST TERRACE		5,000	5,000	204,000	5,000
NC15-6, ELMWOOD TERRACE		833,150	405,000	5,000	5,000
NC15-7, WESTHAVEN APARTMENTS		467,000	305,000	5,000	5,000
NC15-8, LITTLE WASHINGTON		105,000	75,000	5,000	138,300
PHA-WIDE		112,486	116,985	121,664	126,530
B. Physical Improvements Subtotal		1,728,776	1,877,765	1,755,884	1,738,240
C. Management Improvements		77,400	78,856	80,370	81,945
D. HA-Wide Nondwelling Structures & Equipment		48,000	48,000	58,000	58,000
E. Administration		167,344	173,938	180,795	187,926
F. Other		145,510	38,471	91,981	100,919
G. Operations		100,000	50,000	100,000	100,000
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGPF Funds		2,267,030	2,267,030	2,267,030	2,267,030
L. Total Non-CGPF Funds					
M. Grand Total		2,267,030	2,267,030	2,267,030	2,267,030
Signature of Executive Director		Date:	Signature of Public Housing Director/Office of Native American Programs Administrator		Date:
X					

**Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Capital Fund Program (CFP)**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2002	Work Statement for Year 2 FFY: 2003			Work Statement for Year 3 FFY: 2004		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>NC15-1 FAIRVIEW</u> Sitetwork	L.S.	5,000	<u>NC15-1 FAIRVIEW</u> Sitetwork	L.S.	5,000
	<u>NC15-2 Lincoln</u> Sitetwork-Utility Renovations/Gas/Water/Sewer Sitetwork	L.S. L.S.	74,000 5,000	<u>NC15-2 Lincoln</u> Sitetwork Roof Replacement	L.S. 137 du.	5,000 375,380
	<u>NC15-3 Fairview</u> Sitetwork	L.S.	5,000	<u>NC15-3 Fairview</u> Sitetwork	L.S.	5,000
	<u>NC15-4 Lincoln</u> Sitetwork-Utility Renovations/Gas/Water/Sewer Sitetwork	L.S. L.S.	112,140 5,000	<u>NC15-4 Lincoln</u> Sitetwork Roof Replacement	L.S. 210 du.	5,000 575,400
	<u>NC15-5 WOODCREST</u> Sitetwork	L.S.	5,000	<u>NC15-5 WOODCREST</u> Sitetwork	L.S.	5,000
	Subtotal of Estimated Cost		211,140	Subtotal of Estimated Cost		975,780

form HUD 52834 (10/96)
ref Handbook 7485.3

**PartII:SupportingPages
PhysicalNeedsWorkStatement(s)
CapitalFundProgram(CFP)**

andUrbanDevelopment
OfficeofPublicandIndianHousing

Work Statement forYear1 FFY: 2002	WorkStatementforYear2 FFY: 2003			WorkStatementforYear3 FFY: 2004		
	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost
SEE ANNUAL STATEMENT	<u>NC15-6Elmwood</u>			<u>NC15-6Elmwood</u>		
	Sitework	L.S.	10,000	Sitework	L.S.	5,000
	ComprehensiveRenovations	30du.	785,000	RoofReplacement	146du.	400,000
	RelocationCost	L.S.	20,000			
	Ranges	30du.	7,890			
	Refrigerators	30du.	10,260			
	<u>NC15-7WestHaven</u>			<u>NC15-7WestHaven</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	Sitework-UtilityRenovations/Gas/Water/Sewer	300du.	162,000	HeatingSystemChangeouts	150du.	300,000
	HeatingSystemChangeouts	150du.	300,000			
	<u>NC15-8LITTLEWASHINGTON</u>			<u>NC15-8LITTLEWASHINGTON</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	HeatingSystemChangeouts	50du.	100,000	EntranceDoorReplacemenet	50du.	0
				InteriorDoorReplacement	50du.	55,000
				FloorTileReplacement	50du.	15,000
	SubtotalofEstimatedCost		1,405,150	SubtotalofEstimatedCost		785,000

formHUD52834(10/96)
refHandbok7485.3

PartII:SupportingPages
PhysicalNeeds
CapitalFundProgram(CFP)

andUrbanDevelopment
OfficeofPublicandIndianHousing

Work Statement forYear1 FFY: 2002	WorkStatementforYear2 FFY: 2003			WorkStatementforYear3 FFY: 2004		
	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost
SEE ANNUAL STATEMENT	<u>PHAWIDEDWELLINGSTRUCTURES</u>			<u>PHAWIDEDWELLINGSTRUCTURES</u>		
	FRINGEBENEFITS		112,486	FRINGEBENEFITS		116,985
	NON-ROUTINEVACANCYRENOVATIONS		0	NON-ROUTINEVACANCYRENOVATIONS		0
	<u>PHAWIDENON-DWELLINGEQUIPMENT</u>			<u>PHAWIDENON-DWELLINGEQUIPMENT</u>		
	OFFICEANDMAINTENANCEEQUIPMENT		3,000	OFFICEANDMAINTENANCEEQUIPMENT		3,000
	COMPUTERUPGRADES		10,000	COMPUTERUPGRADES		10,000
	AUTOMOTIVEEQUIPMENT		35,000	AUTOMOTIVEEQUIPMENT		35,000
						0
	SubtotalofEstimatedCost		160,486	SubtotalofEstimatedCost		164,985

formHUD52834(10/96)
refHandbok7485.3

**PhysicalNeedsWorkStatement(s)
CapitalFundProgram(CFP)**

OfficeofPublicandIndianHousing

Work Statement for Year 1 FFY: 2002	WorkStatementforYear4 FFY: 2005			WorkStatementforYear5 FFY: 2006		
	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost	DevelopmentNumber/Name/GeneralDescriptionof MajorWorkCategories	Quantity	EstimatedCost
SEE ANNUAL STATEMENT	<u>NC15-1FAIRVIEW</u>			<u>NC15-1FAIRVIEW</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	RoofReplacement	138du.	378,120			
	<u>NC15-2Lincoln</u>			<u>NC15-2Lincoln</u>		
	ComprehensiveRenovations	20du	1,000,000	ComprehensiveRenovations	22du	1,100,000
	Ranges	20du	5,260	Ranges	22du	5,786
	Refrigerators	20du	6,840	Refrigerators	22du	7,524
	Relocation	L.S.	5,000	Relocation	L.S.	10,000
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	<u>NC15-3Fairview</u>			<u>NC15-3Fairview</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
				RoofReplacement	115du.	315,100
	<u>NC15-4Lincoln</u>			<u>NC15-4Lincoln</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	<u>NC15-5WOODCREST</u>			<u>NC15-5WOODCREST</u>		
	Sitework	L.S.	5,000	Sitework	L.S.	5,000
	RoofReplacement	75du.	199,000			
	SubtotalofEstimatedCost		1,619,220	SubtotalofEstimatedCost		1,463,410

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refHandbok7485.3

CapitalFundProgram(CFP)

Work Statement for Year 1 FFY: 2002	Work Statement for Year 4 FFY: 2005			Work Statement for Year 5 FFY: 2006		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>NC15-6 Elmwood</u> Sitework	L.S.	5,000	<u>NC15-6 Elmwood</u> Sitework	L.S.	5,000
	<u>NC15-7 West Haven</u> HVAC Installation Sitework	L.S.	0 5,000	<u>NC15-7 West Haven</u> HVAC Installation Sitework	L.S.	0 5,000
	<u>NC15-8 LITTLE WASHINGTON</u> Sitework	L.S.	5,000	<u>NC15-8 LITTLE WASHINGTON</u> Sitework Roof Replacement	L.S. 50 du.	5,000 133,300
	Subtotal of Estimated Cost		15,000	Subtotal of Estimated Cost		148,300

form HUD 52834 (10/96)

ref Handbook 7485.3

Work Statement for Year1 FFY: 2002	Work Statement for Year4 FFY: 2005			Work Statement for Year5 FFY: 2006		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	<u>PHAWIDEDWELLINGSTRUCTURES</u>			<u>PHAWIDEDWELLINGSTRUCTURES</u>		
	FRINGEBENEFITS		121,664	FRINGEBENEFITS		126,530
	NON-ROUTINEVACANCYRENOVATIONS		0	NON-ROUTINEVACANCYRENOVATIONS		0
	<u>PHAWIDENON-DWELLINGEQUIPMENT</u>			<u>PHAWIDENON-DWELLINGEQUIPMENT</u>		
	OFFICEANDMAINTENANCEEQUIPMENT		3,000	OFFICEANDMAINTENANCEEQUIPMENT		3,000
	COMPUTERUPGRADES		20,000	COMPUTERUPGRADES		20,000
	AUTOMOTIVEEQUIPMENT		35,000	AUTOMOTIVEEQUIPMENT		35,000
	Subtotal of Estimated Cost		179,664	Subtotal of Estimated Cost		184,530

formHUD52834(10/96)
refHandbok7485.3

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Capital Fund Program (CFP)

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2002	Work Statement for Year 2 FFY: 2003			Work Statement for Year 3 FFY: 2004		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0
	EMPLOYEE TRAINING		5,000	EMPLOYEE TRAINING		5,000
	POLICE SALARIES		0	POLICE SALARIES		0
	CONSULTANT-COMPUTER CONVERSION		26,000	CONSULTANT-COMPUTER CONVERSION		26,000
	COMPUTER SOFTWARE		10,000	COMPUTER SOFTWARE		10,000
	MANAGER INFORMATION SYSTEMS		36,400	MANAGER INFORMATION SYSTEM		37,856
	FRINGE BENEFITS MANAGEMENT IMPROVE.		0	FRINGE BENEFITS MANAGEMENT IMPROVE.		0
	ADMINISTRATIVE SALARIES		145,880	ADMINISTRATIVE SALARIES		151,715
	BENEFITS		18,964	BENEFITS		19,723
	SUNDRY		2,500	SUNDRY		2,500
	AUDIT		6,680	AUDIT		6,680
	FEES/COSTS		52,334	FEES/COSTS		10,000
	CONTINGENCY		86,496	CONTINGENCY		21,791
	OPERATIONS		100,000	OPERATIONS		50,000
	Subtotal of Estimated Cost		490,254	Subtotal of Estimated Cost		341,265

form HUD 52834 (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Capital Fund Program (CFP)

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement for Year 1 FFY: 2002	Work Statement for Year 4 FFY: 2005			Work Statement for Year 5 FFY: 2006		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0	RESIDENT MANAGEMENT TRAINING/ASSIST RESIDENT GROUPS		0
	EMPLOYEE TRAINING		5,000	EMPLOYEE TRAINING		5,000
	POLICE SALARIES		0	POLICE SALARIES		0
	CONSULTANT-COMPUTER CONVERSION		26,000	CONSULTANT-COMPUTER CONVERSION		26,000
	COMPUTER SOFTWARE		10,000	COMPUTER SOFTWARE		10,000
	MANAGER INFORMATION SYSTEM		39,370	MANAGER INFORMATION SYSTEM		40,945
	FRINGE BENEFITS MANAGEMENT IMPROVE.		0	FRINGE BENEFITS MANAGEMENT IMPROVE.		0
	ADMINISTRATIVE SALARIES		157,783	ADMINISTRATIVE SALARIES		164,094
	BENEFITS		20,512	BENEFITS		21,332
	SUNDRY		2,500	SUNDRY		2,500
	AUDIT		6,680	AUDIT		6,680
	FEES/COSTS		10,000	FEES/COSTS		10,000
	CONTINGENCY		75,301	CONTINGENCY		84,239
	OPERATIONS		100,000	OPERATIONS		100,000
	Subtotal of Estimated Cost		453,146	Subtotal of Estimated Cost		470,790

form HUD 52834 (10/96)
ref Handbook 7485.3

Proposed Policy Changes or Revisions

Five Year Plan Goals and Objectives

No changes proposed

Personnel Policy

Propose to amend the Vacation Leave Benefits, 6.02 by rewriting to read as follows:

- A. Vacation time off with pay is available to eligible employees to provide opportunities for rest and relaxation and personal pursuits. It may be used in minimum increments of one hour. An employee will not work for the GHA at the same time that the employee is on paid vacation, nor is an employee authorized to use vacation that is accrued by another employee.
- C. Maximum Accumulation
No employee may carry more than 30 days of vacation leave at the end of the fiscal year. All over 30 days/240 hours will be forfeited. Annual leave may be accumulated without any applicable maximum until the fiscal year end. However, if the employee separates from service, payment for accumulated annual leave shall not exceed 240 hours.

At the fiscal year end, any employee with more than 240 hours accumulated leave shall have the excess accumulation cancelled so that only 240 hours are carried forward to the beginning of the next fiscal year. Employees are cautioned not to retain excess accumulation of annual leave until late in the fiscal year. It is necessary to keep all GHA functions in operation; therefore, large numbers of employees cannot be granted annual leave at any one time. If any employee has excess leave because of staffing demands, the employees shall not receive special consideration either in having annual leaves scheduled or in receiving any exception to the maximum accumulation. If an employee is on vacation leave and is called back to duty because of operational problems, the Executive Director may make an exception to this rule.

Propose to amend Dress and Appearance, 7.01(B) by rewriting to read as follows :

B. Uniforms

Maintenance staff shall wear issued uniforms while on duty. All personnel are prohibited from wearing issued uniforms while off-duty. Uniforms may be worn to and from work. Issued uniforms shall be worn at all times when representing the GHA. Upon leaving employment with GHA, uniforms must be returned clean before a final paycheck is issued. Other conditions and requirements may apply in accordance with the Maintenance Department Administrative Policy.

Establishment of Flat Rent

Propose to amend Admissions and Continued Occupancy Policy, Section II, 28(F) Ceiling Rents by rewriting to read as follows :

(A) Flat Rents

A flat rent establishes a market value of the GHA units by bedroom size. This Agency has adopted flat rent effective July 1, 2002, for each development, in an effort to attract and retain higher income families, retain higher income residents whom may serve as role models to other residents; help in filling vacancies in developments with vacancy problems; and encourage residents in the transition from welfare to work.

Following are flat rents for each bedroom size:

Bedroom Size	Flat Rents
OBR	\$295
1BR	360
2BR	425
3BR	530
4BR	590
5BR	680

NO RESIDENT WILL PAY LESS THAN THE MINIMUM RENT OF \$40.00 PER MONTH WHEN ADOPTED BY THE BOARD EFFECTIVE AS OF APRIL 1, 1996. This means that families paying zero rent or rent of less than \$40.00 will be charged a Minimum Rent of at least \$40.00, except under the following circumstances:

- (1) A family is given a minimum rent hardship exemption, or
- (2) A family's utility allowance is greater than the Total Tenant Payment

Propose to amend Admission and Occupancy Policy, Section II(9), Establishing and Maintaining The Waiting List by adding the following :

Family Self Sufficiency Program Units

The four detached multifamily units located on the west side of Charles Street shall be designated for family self-sufficiency program participants. When these units become vacant, the GHA will offer these units to pre-qualified GHAFSS Program participants. Participants may be existing GHA tenants or applicants from the GHA waiting list. If there are no interested FSS participants, the units may be occupied by other applicants from the waiting list or existing tenants. FSS Program guidelines are available in the GHA Resident Services Office.

Section 8 Administrative Plan Revision

Propose to amend Section 8 Administrative Plan, Opening and Closing the Waiting List, by rewriting this section in its entirety as follows:

OPENINGANDCLOSINGTHEWAITINGLIST

When opening the waiting list, the GHA will give public notice in a local newspaper of general circulation and also by minority media, that applications are being taken, and where and when to apply. The GHA must accept applications from families for whom the list is open unless there is good cause for not accepting the applications, such as denial of assistance because of action or inaction by family members.

Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Application will be accepted at the Section 8 Administrative Office and will be processed on Wednesday of each week between the hours of 9:00 a.m. to 12:00 noon. Applications will be available Monday through Friday during business hours.

The GHA is not required to give public notice before closing the waiting list. The GHA may close the entire waiting list or only accept applications from a specified number of families meeting specified criteria. Should the GHA close the waiting list, applications must be accepted from preference holder unless there is an adequate number of applicants with preferences.

HOUSING AUTHORITY OF THE CITY OF GOLDSBORO, N.C.

DECONCENTRATION PLAN

After performing an analysis of relative tenant incomes and household incomes of census tracts, the results indicate a successful mix of income levels achieved throughout. This has been accomplished through careful applicant placement efforts as well as an aggressive maintenance plan (See Maintenance Plan) to elevate standards of apartment preparation. This includes a corresponding budget commitment which funds the significant repairs required during unit turnover. Our plans are to continue this commitment as budget allows. Additionally, we have a comprehensive renovation plan (See Capital Fund) in place which is targeting distressed developments in an attempt to make the units competitive with the private market stock. We expect that this will attract higher income families so that we can mix higher income levels with the predominantly low income levels already in our public housing profile. Implementation of ceiling rents proved to be beneficial in our goals to attract higher income families. We will transition ceiling rents to flat rents beginning this fiscal year 2002. Based on the success of our current approach to income-mixing, we have no plans to implement an incentive program at this time other than continuing a preference for working families.

Likewise, our Section 8 program has been successful in achieving a mix of tenant income levels. Our plan to continue the process will be improved by establishing a Payment Standard equal to 110% of Fair Market rent. This will attract new landlords from a variety of areas to further disperse concentration of low income housing. We anticipate that it will also provide an influx of units that will offer improved amenities to attract higher income families since the payment standard allows for higher rents.

INCOME ANALYSIS SUMMARY FOR LOW RENT AND SECTION 8

LOW RENT PROJECT NO.	Below 30%	Between 30 – 50%	Above 50%
01	77.94%	16.17%	5.87%
02	86.15%	11.53%	2.30%
03	73.68%	20.17%	6.14%
04	80.40%	16.087%	3.51%
05	61.33%	26.66%	11.99%
06	77.96%	17.79%	4.22%
07	83.88%	1.836%	2.87%
08	59.18%	22.44%	18.36%
PHA-WIDE AVG.	75.00%	18.09%	6.91%
SECTION 8	77.27%	15.00%	7.27%

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part I: Summary

**U.S. Department of Housing
and Urban Development**

OMB Approval No 2577-0157 (Exp 7/31/98)

Office of Public and Indian Housing

HAName Housing Authority of the City of Goldsboro	Comprehensive Grant Number NC19PO15708	FFY of Grant Approval 1999
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number	4	<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending	
<input checked="" type="checkbox"/> Final Performance and Evaluation Report					

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGPF Funds				
2	1406 Operations (May not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements Soft Costs	\$20,176.58	\$20,176.58	\$20,176.58	\$20,176.58
	Management Improvements Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$162,589.94	\$162,618.94	\$162,618.94	\$162,618.94
5	1411 Audit	\$6,235.00	\$5,500.00	\$5,500.00	\$5,500.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$19,541.00	\$19,541.00	\$19,541.00	\$19,541.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$99,071.48	\$99,071.48	\$99,071.48	\$99,071.48
10	1460 Dwelling Structures	\$1,509,514.69	\$1,510,220.69	\$1,510,220.69	\$1,510,220.69
11	1465.1 Dwelling Equipment-Nonexpendable	\$16,418.62	\$16,418.62	\$16,418.62	\$16,418.62
12	1470 Nondwelling Structures	\$11,455.61	\$11,455.61	\$11,455.61	\$11,455.61
13	1475 Nondwelling Equipment	\$22,377.03	\$22,377.03	\$22,377.03	\$22,377.03
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$14,343.05	\$14,343.05	\$14,343.05	\$14,343.05
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (May not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2-19)	\$1,881,723.00	\$1,881,723.00	\$1,881,723.00	\$1,881,723.00
21	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Security	\$473,796.49	\$473,796.49	\$473,796.49	\$473,796.49
24	Amount of line 19 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-1 FAIRVIEW	Security Screens-windows	1460		\$0.00	\$0.00	0.00	0.00	Complete
	Sitework	1450	L.S.	\$0.00	\$0.00	0.00	0.00	
	Laundromat	1470	L.S.	\$6,829.02	\$6,829.02	6,829.02	6,829.02	
NC15-2 LINCOLN	Security Screens-windows	1460	137DU	\$219,982.00	\$219,982.00	219,982.00	219,982.00	Complete
	Sitework	1450	L.S.	\$0.00	\$0.00	0.00	0.00	
NC15-3 FAIRVIEW	Security Screens-windows	1460		\$0.00	\$0.00	0.00	0.00	
	Sitework	1450	L.S.	\$0.00	\$0.00	0.00	0.00	
NC15-4 LINCOLN	Security Screens-windows	1460		\$241,437.00	\$241,437.00	241,437.00	241,437.00	Complete
	Sitework	1450	L.S.	\$0.00	\$0.00	0.00	0.00	
NC15-5 WOODCREST	Termite Treatment	1460	75D.U.	\$18,923.75	\$18,923.75	18,923.75	18,923.75	Complete
	Sitework	1450	L.S.	\$289.40	\$289.40	289.40	289.40	Complete
NC15-6 ELMWOOD	Comprehensive Renovations	1460	30DU	\$781,721.86	\$782,427.86	782,427.86	782,427.86	Complete
	Relocation Cost	1495	L.S.	\$14,343.05	\$14,343.05	14,343.05	14,343.05	Complete
	Ranges	1465	10DU	\$2,521.00	\$2,521.00	2,521.00	2,521.00	Complete
	Refrigerators	1465	10DU	\$4,886.56	\$4,886.56	4,886.56	4,886.56	Complete
	Fees & Cost/Engineering	1430	L.S.	\$18,212.00	\$18,212.00	18,212.00	18,212.00	Complete
	Sitework-Gasline Replacement	1450	L.S.	\$87,975.29	\$87,975.29	87,975.29	87,975.29	Complete
	Sitework	1450	L.S.	\$1,455.75	\$1,455.75	1,455.75	1,455.75	Complete
NC15-7 WESTHAVEN	Termite Treatment	1460	350D.U.	\$79,103.50	\$79,103.50	79,103.50	79,103.50	Complete
	Security Screens-windows	1460		\$0.00	\$0.00	0.00	0.00	
	Security Screens-Doors	1460	L.S.	\$12,377.49	\$12,377.49	12,377.49	12,377.49	Complete
	Sitework	1450	L.S.	\$9,176.90	\$9,176.90	9,176.90	9,176.90	Complete
NC15-8 LITTLE WASHINGTON	Termite Treatment	1460	50D.U.	\$20,103.00	\$20,103.00	20,103.00	20,103.00	Complete
	Sitework	1450	L.S.	\$0.00	\$0.00	0.00	0.00	

AnnualStatement/PerformanceandEvaluationReport

ComprehensiveGrantProgram(CGP)PartII:SupportingPages

U.S.DepartmentofHousing andUrbanDevelopment OfficeofPublicandIndianHousing

OMBApprovalNo2577-0157(Exp7/31/98)

Development Number/Name HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Development Account Number	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposedWork(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
PHAWIDE DWELLING EQUIPMENT	Ranges	1465	8DU	\$1,993.86	\$1,993.86	\$1,993.86	\$1,993.86	Complete
	Refrigerators	1465	19DU	\$7,017.20	\$7,017.20	\$7,017.20	\$7,017.20	Complete
PHAWIDE NONDWELL STRUCTURES	TermiteTreatment	1470	L.S.	\$2,928.00	\$2,928.00	\$2,928.00	\$2,928.00	Complete
	FringeBenefits	1470	L.S.	\$1,698.59	\$1,698.59	\$1,698.59	\$1,698.59	Complete
PHAWIDE NONDWELL EQUIPMENT	AutoEquipment	1475		\$9,890.00	\$9,890.00	\$9,890.00	\$9,890.00	Complete
	ComputerUpgrade	1475		\$12,487.03	\$12,487.03	\$12,487.03	\$12,487.03	Complete
	Office&MaintenanceEquipment	1475		\$0.00	\$0.00	\$0.00	\$0.00	
PHAWIDE	Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
	ResidentManagementTraining/ AssistResidentGroups	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	EmployeeTraining	1408		\$4,263.35	\$4,263.35	\$4,263.35	\$4,263.35	Complete
	ConsultComputerConversion	1408		\$7,710.45	\$7,710.45	\$7,710.45	\$7,710.45	Complete
	OccupancyProcedures	1408		\$1,559.94	\$1,559.94	\$1,559.94	\$1,559.94	Complete
	ComputerSoftware	1408		\$6,642.84	\$6,642.84	\$6,642.84	\$6,642.84	Complete
	Salary-Police	1408		\$0.00	\$0.00	\$0.00	\$0.00	
PHAWIDE	AdministrativeSalaries	1410		\$119,304.60	\$119,304.60	\$119,304.60	\$119,304.60	Complete
	Benefits	1410		\$41,006.17	\$41,006.17	\$41,006.17	\$41,006.17	Complete
	Sundry	1410		\$2,279.17	\$2,308.17	\$2,308.17	\$2,308.17	Complete
	Audit	1411		\$6,235.00	\$5,500.00	\$5,500.00	\$5,500.00	Complete
	Fees/Costs	1430		\$1,329.00	\$1,329.00	\$1,329.00	\$1,329.00	Complete
	Contingency	1502		\$0.00	\$0.00	\$0.00	\$0.00	Complete
	FringeBenefits	1460		\$135,866.09	\$135,866.09	\$135,866.09	\$135,866.09	Complete
	Sitework-FringeBenefits	1450		\$174.14	\$174.14	\$174.14	\$174.14	Complete
				\$1,881,723.00	\$1,881,723.00	\$1,881,723.00	\$1,881,723.00	

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP) Part III: Implementation Schedule

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC15-1 FAIRVIEW	Dec2000		Dec2000	Dec2001		Dec2000	
NC15-2 LINCOLN	Dec2000		Dec2000	Dec2001		Nov2001	
NC15-3 FAIRVIEW	Dec2000		Dec2000	Dec2001		June2001	
NC15-4 LINCOLN	Dec2000		Dec2000	Dec2001		Nov2001	
NC15-5 WOODCREST	Dec2000		Dec2000	Dec2001		June2001	
NC15-6 ELMWOOD	Dec2000		Dec2000	Dec2001		Dec2001	
NC15-7 WESTHAVEN	Dec2000		Dec2000	Dec2001		June2001	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837 (10/96)

ref Handbook 7485.3

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartI:Summary

U.S.DepartmentofHousing

OMBApprovalNo2577-0157(Exp7/31/98)

andUrbanDevelopment

OfficeofPublicandIndianHousing

HAName	ComprehensiveGrantNumber	FFYofGrantApproval
HousingAuthorityoftheCityofGoldsboro	NC19PO15501-00	2000

<input type="checkbox"/> OriginalAnnual	<input checked="" type="checkbox"/> ReserveforDisasters/Emergencies	<input checked="" type="checkbox"/> RevisedAnnualStatement/RevisionNumber	<u>2</u>
<input checked="" type="checkbox"/> PerformanceandEvaluationReportProgramYearEnding	<u>12/31/01</u>	<input type="checkbox"/> FinalPerformanceandEvaluationReport	

LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost(2)	
		Original	Revised(1)	Obligated	Expended
1	TotalNon-CFPFunds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations(Maynotexceed10%offline20)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 ManagementImprovements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 LiquidatedDamages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 FeesandCosts	\$35,000.00	\$27,435.00	\$27,435.00	\$22,000.00
8	1440 SiteAcquisition	\$20,000.00	\$8,970.05	\$8,970.05	\$8,970.05
9	1450 SiteImprovement	\$38,142.00	\$25,549.82	\$25,549.82	\$3,549.82
10	1460 DwellingStructures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 DwellingEquipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 NondwellingStructures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 NondwellingEquipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$4,000.00	\$3,666.80	\$3,666.80	\$3,666.80
15	1490 ReplacementReserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492.0 MovingtoWorkDemonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 RelocationCosts	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 DevelopmentActivities	\$320,000.00	\$351,520.33	\$351,520.33	\$101,161.80
19	1501 CollateralizationorDebtService	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency(maynotexceed8%offline20)	\$0.00	\$0.00	\$0.00	\$0.00
21	AmountofAnnualGrant(Sumoflines2-20)	\$417,142.00	\$417,142.00	\$417,142.00	\$139,348.47
22	Amountoffline19RelatedtoLBPAActivities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amountoffline19RelatedtoSection504Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amountoffline19RelatedtoSecurity-SoftCosts	\$0.00	\$0.00	\$0.00	\$0.00
25	Amountoffline19RelatedtoSecurity-HardCosts	\$18,500.00	\$18,500.00	\$18,500.00	\$18,500.00
26	Amountoffline19RelatedtoEnergyConservationMeasures	\$0.00	\$0.00	\$0.00	\$0.00

SignatureofExecutiveDirectorandDate	SignatureofPublicHousingDirector/OfficeofNativeAmericanProgramsAdministratorandDate
X	X

(1)TobecompletedforthePerformanceandEvaluationReportoraRevisedAnnualStatement.

(2)TobecompletedforthePerformanceandEvaluationReport.

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HA Name	Grant Type and Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19P015501-00	
	Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood Terrace	Demolition	1485	4du.	\$4,000.00	\$3,666.80	\$3,666.80	\$3,666.80	Complete
	Development Activities	1499	4du.	\$320,000.00	\$351,520.33	\$351,520.33	\$101,161.80	In Progress
	Sitework	1450	L.S.	\$38,142.00	\$25,549.82	\$25,549.82	\$3,549.82	In Progress
NC15-7 West Haven Apartments	Site Acquisition	1440	L.S.	\$20,000.00	\$8,970.05	\$8,970.05	\$8,970.05	Complete
	Consultants/A&E	1430	L.S.	\$35,000.00	\$27,435.00	\$27,435.00	\$22,000.00	In Progress
	Comprehensive Repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	Non-CGPFundsexpected from FEMA	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	Ranges	1465		\$0.00	\$0.00	\$0.00	\$0.00	
	Refrigerators	1465		\$0.00	\$0.00	\$0.00	\$0.00	
	Non-CGPFundsexpected from FEMA	1465		\$0.00	\$0.00	\$0.00	\$0.00	
				\$417,142.00	\$417,142.00	\$417,142.00	\$139,348.47	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HAName Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19P015501-00 Replacement Housing Factor Grant No.:	FFY of Grant Approval 2000
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Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC15-6ELMWOOD	6/30/2001	6/30/2002	9/30/2001	12/31/2001	12/31/2002		Reference Correspondence dated 6/26/01 from Eugene Rahuba, Jr. Revised in LOCC's on 4/27/01
NC15-7WESTHAVEN	6/30/2001			12/31/2001			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part I: Summary

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Housing Authority of the City of Goldsboro	NC19PO15502-00	2000

Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number	2	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year	12/31/01
Final Performance and Evaluation Report					

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGPF Funds	\$0.00	\$0.00	\$5,919.00	\$5,919.00
2	1406 Operations (May not exceed 10% of line 20)	\$170,000.00	\$170,000.00	\$170,000.00	\$170,000.00
3	1408 Management Improvements	\$97,000.00	\$81,377.29	\$81,377.29	\$62,880.79
4	1410 Administration	\$149,045.00	\$163,659.67	\$163,659.67	\$162,894.21
5	1411 Audit	\$6,680.00	\$6,680.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$25,000.00	\$14,087.00	\$14,087.00	\$11,066.37
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$80,000.00	\$31,913.84	\$21,385.62	\$21,385.62
10	1460 Dwelling Structures	\$1,510,026.00	\$1,580,596.19	\$1,546,698.88	\$1,228,161.72
11	1465.1 Dwelling Equipment-Nonexpendable	\$24,210.00	\$24,210.00	\$13,447.72	\$13,447.72
12	1470 Nondwelling Structures	\$5,000.00	\$24,996.38	\$2,996.38	\$2,996.38
13	1475 Nondwelling Equipment	\$110,000.00	\$111,588.63	\$77,034.98	\$77,034.98
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving To Work Demonstration			\$0.00	\$0.00
17	1495.1 Relocation Costs	\$20,000.00	\$20,000.00	\$12,980.75	\$11,730.75
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency (May not exceed 8% of line 20)	\$32,148.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant (Sum of lines 2-20)	\$2,229,109.00	\$2,229,109.00	\$2,103,668.29	\$1,761,598.54
22	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security Soft Costs	\$279,850.00	\$172,500.00	\$152,500.00	\$0.00
25	Amount of Line 20 Related to Security Hard Costs	\$0.00		\$0.00	\$0.00
26	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837(10/96)

ref Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HousingAuthorityoftheCityofGoldsboro		GrantTypeandNumber CapitalFundProgramGrantNo. NC19P015502-00 ReplacementHousingFactorGrantNo.:				FFYofGrantApproval 2000		
Development Number/Name HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Development Account Number	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposedWork(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
NC15-1 FAIRVIEW	SecurityScreenWindows	1460	138du	\$220,000.00	\$152,500.00	\$152,500.00	\$0.00	InProgress
	Sitework	1450	L.S.	\$5,000.00	\$0.00	\$0.00	\$0.00	Complete
	EmployeeLounge	1470	L.S.	\$3,000.00	\$2,996.38	\$2,996.38	\$2,996.38	
NC15-2 LINCOLN	Sitework	1450	L.S.	\$5,000.00	\$0.00	\$0.00	\$0.00	
NC15-3 FAIRVIEW	Sitework	1450	L.S.	\$5,000.00	\$0.00	\$0.00	\$0.00	
NC15-4 LINCOLN	SecurityScreens-windows	1460	210du	\$0.00	\$0.00	\$0.00	\$0.00	
	Sitework	1450	L.S.	\$5,000.00	\$0.00	\$0.00	\$0.00	
NC15-5 WOODCREST	Sitework	1450	L.S.	\$5,000.00	\$1,725.00	\$1,725.00	\$1,725.00	InProgress
NC15-6 ELMWOOD	ComprehensiveRenovations	1460	38du	\$1,120,000.00	\$1,260,453.48	\$1,226,556.17	\$1,064,234.29	InProgress
	RelocationCost	1495	L.S.	\$20,000.00	\$20,000.00	\$12,980.75	\$11,730.75	InProgress
	Ranges	1465	33du	\$10,526.00	\$10,526.00	\$8,381.32	\$8,381.32	InProgress
	Refrigerators	1465	16du	\$13,684.00	\$13,684.00	\$5,066.40	\$5,066.40	InProgress
	Sitework	1450	L.S.	\$30,000.00	\$30,000.00	\$19,471.78	\$19,471.78	InProgress
NC15-7 WESTHAVEN	TermiteTreatment	1470	1ndu	\$2,000.00	\$2,000.00	\$0.00	\$0.00	Pending
	DoorHardware	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	Sitework	1450	L.S.	\$20,000.00	\$0.00	\$0.00	\$0.00	
	EntranceDoors/Hardware	1460	75du	\$59,850.00	\$0.00	\$0.00	\$0.00	ShiftedtoGrant NC19P015501-01
NC15-8 LITTLE WASHINGTON	Sitework	1450	L.S.	\$0.00	\$0.00	\$0.00	\$0.00	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgram
ReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

U.S.DepartmentofHousing
andUrbanDevelopment
OfficeofPublicandIndianHousing

OMBApprovalNo2577-0157(Exp7/31/98)

HName		GrantTypeandNumber				FFYofGrantApproval		
HousingAuthorityoftheCityofGoldsboro		CapitalFundProgramGrantNo. NC19P015502-00						
		ReplacementHousingFactorGrantNo.:				2000		
Development Number/Name HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Development Account Number	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposedWork(2)
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
PHAWIDE	AutoEquipment	1475		\$30,000.00	\$33,353.31	\$33,353.31	\$33,353.31	Complete
	Non-CGPFunds-Insurance	1475		\$0.00	\$0.00	(\$5,919.00)	(\$5,919.00)	InsuranceProceeds
NONDWELL	ComputerUpgrade	1475		\$20,000.00	\$18,235.32	\$18,235.32	\$18,235.32	Complete
EQUIPMENT	Office&MaintenanceEquipment	1475		\$60,000.00	\$60,000.00	\$31,365.35	\$31,365.35	InProgress
PHAWIDE	Operations	1406		\$170,000.00	\$170,000.00	\$170,000.00	\$170,000.00	Complete
	ResidentManagementTraining/ AssistResidentGroups	1408		\$0.00	\$0.00			
	EmployeeTraining	1408		\$5,000.00	\$5,614.85	\$5,614.85	\$5,614.85	InProgress
	ConsultComputerConversion	1408		\$25,000.00	\$0.00	\$0.00	\$0.00	
	ComputerSoftware	1408		\$7,000.00	\$6,896.50	\$6,896.50	\$1,400.00	InProgress
	Salary-Police	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	ManagerInformationsSystem	1408		\$35,000.00	\$47,630.66	\$47,630.66	\$34,630.66	InProgress
	MgmtImprov-FringeBenefits	1408		\$15,000.00	\$10,705.28	\$10,705.28	\$10,705.28	Complete
PHAWIDE	AdministrativeSalaries	1410		\$129,687.00	\$114,458.00	\$114,458.00	\$114,458.00	Complete
	Benefits	1410		\$16,858.00	\$47,402.38	\$47,402.38	\$46,636.92	InProgress
	Sundry	1410		\$2,500.00	\$1,799.29	\$1,799.29	\$1,799.29	Complete
	Audit	1411		\$6,680.00	\$6,680.00	\$0.00	\$0.00	Pending
	Fees/Costs	1430		\$25,000.00	\$14,087.00	\$14,087.00	\$11,066.37	InProgress
	Contingency	1502		\$32,148.00	\$0.00	\$0.00	\$0.00	
	DwellingStruct.FringeBenefits	1460		\$110,176.00	\$167,642.71	\$167,642.71	\$163,927.43	InProgress
	PayClassStudy	1408		\$10,000.00	\$10,530.00	\$10,530.00	\$10,530.00	Complete
	MaintenanceShop	1470		\$0.00	\$0.00	\$0.00	\$0.00	
	Sitework-FringeBeneifts	1450		\$5,000.00	\$188.84	\$188.84	\$188.84	Complete
	EquipSheds/Improvementto ServiceCenter	1470		\$0.00	\$20,000.00	\$0.00	\$0.00	Shiftedfrom GrantNC19P015705
				\$2,229,109.00	\$2,229,109.00	\$2,103,668.29	\$1,761,598.54	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program
Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577-0157 (Exp 7/31/98)

HAName	Grant Type and Number	FFY of Grant Appr
Housing Authority of the City of Goldsboro	Capital Fund Program Grant No.: NC19P015502-00	
	Replacement Housing Factor Grant No.:	2000

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NC15-1 FAIRVIEW	Dec2001	June2002		Dec2002	Dec2002		Reference Correspondence dated June 26, 2001 from Eugene Rahuba, Jr. Revised in LOCC's on 4/27/01
NC15-2 LINCOLN	Dec2001	June2002		Dec2002	Dec2002		
NC15-3 FAIRVIEW	Dec2001	June2002		Dec2002	Dec2002		
NC15-4 LINCOLN	Dec2001	June2002		Dec2002	Dec2002		
NC15-5 WOODCREST	Dec2001	June2002		Dec2002	Dec2002		
NC15-6 ELMWOOD	Dec2001	June2002		Dec2002	Dec2002		
NC15-7 WESTHAVEN	Dec2001	June2002		Dec2002	Dec2002		

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program AND Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: NC19PO1550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number	<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending	12/31/2001
<input type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original	Revised (1)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 10% of line 20)	100,000.00	100,000.00	100,000.00	100,000.00
3	1408	Management Improvements	88,000.00	57,100.00	0.00	0.00
4	1410	Administration	157,837.00	157,837.00	0.00	0.00
5	1411	Audit	6,680.00	6,680.00	0.00	0.00
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00
7	1430	Fees and Costs	82,000.00	82,000.00	0.00	0.00
8	1440	Site Acquisition	0.00	0.00	0.00	0.00
9	1450	Site Improvement	97,000.00	102,223.00	0.00	0.00
10	1460	Dwelling Structures	1,455,240.00	1,397,890.00	196,650.00	0.00
11	1465.1	Dwelling Equipment-Nonexpendable	23,000.00	38,200.00	0.00	0.00
12	1470	Non dwelling Structures	165,000.00	216,000.00	74,553.00	71,000.00
13	1475	Non dwelling Equipment	38,000.00	38,000.00	0.00	0.00
14	1485	Demolition	0.00	0.00	0.00	0.00
15	1490	Replacement Reserve	0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs	20,000.00	20,000.00	0.00	0.00
18	1499	Development Activities	0.00	38,000.00	33,337.67	0.00
19	1501	Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502	Contingency (May not exceed 8% of line 20)	34,273.00	13,100.00	0.00	0.00
21	Amount of Annual Grant (Sum of lines 2-20)		2,267,030.00	2,267,030.00	404,540.67	171,000.00
22	Amount of line 20 Related to LBP Activities		0.00	0.00	0.00	
23	Amount of line 20 Related to Section 504 Compliance		0.00	0.00	0.00	
24	Amount of line 20 Related to Security-Soft Costs		0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Security-Hard Costs		265,000.00	256,500.00	196,650.00	0.00
26	Amount of line 20 Related to Energy Conservation Measures		0.00	0.00		

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName				GrantTypeandNumber				FederalFYofGrant:	
HousingAuthorityoftheCityofGoldsboro				CapitalFundProgramGrantNo.:NC19PO1550101				2001	
				ReplacementHousingFactorGrantNo:					
Development Number/Name HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Development Account Number	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposedWork(2)	
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)		
NC15-1	Sitework	1450	L.S.	\$12,500.00	\$3,000.00	\$0.00	\$0.00	Pending	
FAIRVIEW	Sitework-ElectricalUpgrade	1450	L.S.	\$3,000.00	\$12,500.00	\$0.00	\$0.00	Pending	
	Smoke/CODetectors	1460	138du.	\$0.00	\$4,700.00	\$0.00	\$0.00	Shiftedfrom5-yearplan	
NC15-2									
LINCOLN	Sitework	1450	L.S.	\$12,500.00	\$3,000.00	\$0.00	\$0.00	Pending	
	Sitework-ElectricalUpgrade	1450	L.S.	\$3,000.00	\$12,500.00	\$0.00	\$0.00	Pending	
	Smoke/CODetectors	1460	137du.	\$0.00	\$4,700.00	\$0.00	\$0.00	Shiftedfrom5-yearplan	
NC15-3						\$0.00			
FAIRVIEW	Sitework	1450	L.S.	\$12,500.00	\$3,000.00	\$0.00	\$0.00	Pending	
	SecurityScreenWindows	1460	115du.	\$185,000.00	\$134,500.00	\$134,500.00	\$0.00	InProgress	
	Sitework-ElectricalUpgrade	1450	L.S.	\$3,000.00	\$12,500.00	\$0.00	\$0.00	Pending	
	Smoke/CODetectors	1460	115du.	\$0.00	\$4,000.00	\$0.00	\$0.00	Shiftedfrom5-yearplan	
NC15-4									
LINCOLN	Sitework	1450	L.S.	\$12,500.00	\$3,000.00	\$0.00	\$0.00	Pending	
	Sitework-ElectricalUpgrade	1450	L.S.	\$3,000.00	\$12,500.00	\$0.00	\$0.00	Pending	
	Smoke/CODetectors	1460	210du.	\$0.00	\$7,250.00	\$0.00	\$0.00	Shiftedfrom5-yearplan	
NC15-6	ComprehensiveRenovations	1460	38du	\$1,000,000.00	\$1,000,000.00	\$0.00	\$0.00	InProgress	
ELMWOOD	RelocationCost	1495	L.S.	\$20,000.00	\$20,000.00	\$0.00	\$0.00	InProgress	
	Ranges	1465	38du	\$10,000.00	\$10,000.00	\$0.00	\$0.00	InProgress	
	Refrigerators	1465	38du	\$13,000.00	\$13,000.00	\$0.00	\$0.00	InProgress	
	Sitework	1450	L.S.	\$10,000.00	\$20,223.00	\$0.00	\$0.00	Pending	
	DevelopmentActivities	1499	4units	\$0.00	\$38,000.00	\$33,337.67	\$0.00	ShiftedfromGrantNC19P01550100	
NC15-7	SecurityScreenswindows	1460	100du.	\$160,000.00	\$62,150.00	\$62,150.00	\$0.00	InProgress	
WESTHAVEN	Interior/ExteriorRenovation								
FAIRVIEW	CommunityCenter	1470	L.S.	\$20,000.00	\$20,000.00	\$3,553.00	\$0.00	InProgress	
EAST	Sitework	1470	L.S.	\$10,000.00	\$5,000.00	\$0.00	\$0.00	Pending	
	Smoke/CODetectors	1460	250du.	\$0.00	\$8,600.00	\$0.00	\$0.00	Shiftedfrom5-yearplan	
	EntranceDoors/Hardware	1460	75du.	\$0.00	\$59,850.00	\$0.00	\$0.00	ShiftedfromGrantNC19P01550200	
NC15-8	Office/CenterRenovation	1470	L.S.	\$125,000.00	\$125,000.00	\$0.00	\$0.00	Pending	
LITTLE	Sitework	1450	L.S.	\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending	
WASHINGTON	Smoke/CODetectors	1460	50du.	\$0.00	\$900.00	\$0.00	\$0.00	ShiftedfromGrantNC19P01550100	

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName				Grant Type and Number				Federal FY of Grant:	
Housing Authority of the City of Goldsboro				Capital Fund Program Grant No.: NC19PO1550101				2001	
				Replacement Housing Factor Grant No:					
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
PHAWIDE	Auto Equipment	1475		\$25,000.00	\$25,000.00	\$0.00	\$0.00	Pending	
NONDWELL	Computer Upgrade	1475		\$10,000.00	\$10,000.00	\$0.00	\$0.00	Pending	
EQUIPMENT	Office & Maintenance Equipment	1475		\$3,000.00	\$3,000.00	\$0.00	\$0.00	Pending	
PHAWIDE	Ranges	1465	25 du.	\$0.00	\$6,600.00	\$0.00	\$0.00	Shifted	
DWELLEQUIP	Refrigerators	1465	25 du.	\$0.00	\$8,600.00	\$0.00	\$0.00	Shifted	
PHAWIDE	Operations	1406		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	Complete	
	Resident Management Training/ Assist Resident Groups	1408		\$0.00	\$0.00	\$0.00	\$0.00		
	Employee Training	1408		\$5,000.00	\$5,000.00	\$0.00	\$0.00	In Progress	
	Consult Computer Conversion	1408		\$25,000.00	\$10,000.00	\$0.00	\$0.00	Pending	
	Computer Software	1408		\$5,000.00	\$5,000.00	\$0.00	\$0.00	Pending	
	Salary-Police	1408		\$0.00	\$0.00	\$0.00	\$0.00		
	Manager Information System	1408		\$37,100.00	\$37,100.00	\$0.00	\$0.00	Pending	
	Fringe Benefits	1408		\$15,900.00	\$0.00	\$0.00	\$0.00	Complete	
PHAWIDE	Administrative Salaries	1410		\$137,468.00	\$137,468.00	\$0.00	\$0.00	In Progress	
	Benefits	1410		\$17,869.00	\$17,869.00	\$0.00	\$0.00	In Progress	
	Sundry	1410		\$2,500.00	\$2,500.00	\$0.00	\$0.00	In Progress	
	Audit	1411		\$6,680.00	\$6,680.00	\$0.00	\$0.00	In Progress	
	Fees/ Costs	1430		\$57,000.00	\$57,000.00	\$0.00	\$0.00	In Progress	
	Fees/ Costs/ Engineering Study	1430		\$25,000.00	\$25,000.00	\$0.00	\$0.00	In Progress	
	Contingency	1502		\$34,273.00	\$13,100.00	\$0.00	\$0.00		
	Fringe Benefits	1460		\$110,240.00	\$110,240.00	\$0.00	\$0.00	In Progress	
	Fringe Benefits	1450		\$10,000.00	\$10,000.00	\$0.00	\$0.00	In Progress	
	Roof Replacement								
	Service Center	1470		\$20,000.00	\$71,000.00	\$71,000.00	\$71,000.00	Completed	
	Fringe Benefits/ Uniforms	1460		\$0.00	\$1,000.00	\$0.00	\$0.00	For Capital Fund Force Account	
				\$2,267,030.00	\$2,267,030.00	\$404,540.67	\$171,000.00		

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

2) To be completed for the Performance and Evaluation Report.

form HUD-52837(10/96)

ref Handbook 7485.3

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName HousingAuthorityoftheCityofGoldsboro				GrantTypeandNumber CapitalFundProgramGrantNo.:NC19PO1550101 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2001
Development Number/Name HA-Wide Activities	AllFundsObligated(QuarterEndingDate)			AllFundsExpended(QuarterEndingDate)			ReasonsforRevisedTargetDates(2)
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
NC15-1FAIRVIEW	Dec2003			Dec2004			
NC15-2LINCOLN	Dec2003			Dec2004			
NC15-3FAIRVIEW	Dec2003			Dec2004			
NC15-4LINCOLN	Dec2003			Dec2004			
NC15-5WOODCREST	Dec2003			Dec2004			
NC15-6ELMWOOD	Dec2003			Dec2004			
NC15-7WESTHAVEN	Dec2003			Dec2004			

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name Housing Authority of the City of Goldsboro	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: NC19R01550101	Federal FY of Grant: 2001
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<input type="checkbox"/>	Original Annual Statement	<input type="checkbox"/>	Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/>	Revised Annual Statement/Revision Number	1	<input checked="" type="checkbox"/>	Performance and Evaluation Report for Program Year Ending	12/31/2001
<input type="checkbox"/>	Final Performance and Evaluation Report								

Line No.		Summary by Development Account	Total Estimated Cost		Total Actual Cost(2)	
			Original	Revised(1)	Obligated	Expended
1		Total Non-CFP Funds				
2	1406	Operations (May not exceed 10% of line 20)	0	0	0	0
3	1408	Management Improvements	0	0	0	0
4	1410	Administration	0	0	0	0
5	1411	Audit	0	0	0	0
6	1415	Liquidated Damages	0	0	0	0
7	1430	Fees and Costs	0	0	0	0
8	1440	Site Acquisition	0	0	0	0
9	1450	Site Improvement	0	0	0	0
10	1460	Dwelling Structures	0	0	0	0
11	1465.1	Dwelling Equipment-Nonexpendable	0	0	0	0
12	1470	Non dwelling Structures	0	0	0	0
13	1475	Non dwelling Equipment	0	0	0	0
14	1485	Demolition	0	0	0	0
15	1490	Replacement Reserve	7,614	0	0	0
16	1492	Moving to Work Demonstration	0	0	0	0
17	1495.1	Relocation Costs	0	0	0	0
18	1499	Development Activities	0	7,614	7,614	0
19	1501	Collateralization or Debt Service	0	0	0	0
20	1502	Contingency (May not exceed 8% of line 20)	0	0	0	0
21		Amount of Annual Grant (Sum of lines 2-20)	7,614	7,614	7,614	0
22		Amount of line 20 Related to LBP Activities	0	0	0	0
23		Amount of line 20 Related to Section 504 Compliance	0	0	0	0
24		Amount of line 20 Related to Security-Soft Costs	0	0	0	0
25		Amount of line 20 Related to Security-Hard Costs	0	0	0	0
26		Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

form HUD-52837(10/96)

2) To be completed for the Performance and Evaluation Report.

ref Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHAName Housing Authority of the City of Goldsboro				Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No: NC19R01550101				Federal FY of Grant: 2001
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
NC15-6 Elmwood	Replacement Housing	1490	L.S.	7,614	0	0	0	In Progress
	Development Activities (Shifted from Grant NC19P015501-00)	1499	4 units	0	7,614	7,614	0	
				7,614	7,614	7,614	0	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

form HUD-52837 (10/96)

2) To be completed for the Performance and Evaluation Report.

ref Handbook 7485.3

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName HousingAuthorityoftheCityofGoldsboro				GrantTypeandNumber CapitalFundProgramGrantNo.: ReplacementHousingFactorGrantNo:NC19R01550101			FederalFYofGrant: 2001
Development Number/Name HA-Wide Activities	AllFundsObligated(QuarterEndingDate)			AllFundsExpended(QuarterEndingDate)			ReasonsforRevisedTargetDates(2)
	Original	Revised(1)	Actual(2)	Original	Revised(1)	Actual(2)	
NC15-6ELMWOOD	Dec2003		Sept2001	Dec2004			

Units at Elmwood

In the upcoming fiscal year we will have four additional units at the Elmwood Development available for occupancy. These are three bedroom, detached units. These units will be linked to the GHAFSS as contained in the Admissions Policy. The estimated date of completion is May 22, 2002.